



IMMUNIZATIONS SCHOOL/ CHILDCARE MANUAL UPDATE 2002

Revision of the autumn, 1999 Immunizations School Manual is complete. Due to the current economic situation, the decision has been made to only post the manual on the immunization web site. A summary of pages that have been significantly changed follows. This list of changes will also be posted on the web site.

CHAPTER 1

Page 1-1 Haemophilus B - change to 'age appropriate' and added "Required for children under 5 years of age.

Added paragraph at the bottom of the page to reference 1995 Recommended Immunization Schedule.

Page 1-3 Exemptions - statement added recommending periodically reviewing and updating records of students who have exemptions

Page 1-8 Reworded paragraph regarding exclusion authority in the event of an outbreak.

Page 1-11 Clarified requirement for children who are home schooled.

Page 1-13 Minimum requirement chart on bottom half deleted

Page 1-14 Minimum requirement chart deleted

Page 1-15 Minimum interval chart deleted

Minimum requirements for School, Preschool/Childcares and Minimum age and interval charts are updated yearly and will be sent yearly. Please keep the current version with your manual.

CHAPTER 2

Page 2-4 - Clarified last paragraph regarding Td booster for adolescent.

Page 2-5 - Revised last paragraph regarding implementation of 2nd dose of measles vaccine.

Page 2-6 - Delete references to oral polio vaccine

Page 2-7 - Revised information about Hepatitis B

Updated statement about Vaccine for Hepatitis B

CHAPTER 3

Page 3-1 - Updated 'Recommended Adult Immunizations'

Page 3-3 - Revised Immunization History for School Personnel

Page 3-5 - Revised Hepatitis B Immunization Consent/Waiver Form

CHAPTER 4

Page 4-17 - Revised 'Sample Letter to Graduating Senior'

APPENDICES

Page A-1 - Added BCG (Bacillus Calmette Guerin)

Page A-4 - Added PPD (Purified Protein Derivative)

Page A-5 - Delete; insert new Question & Answers sheets for both school and
childcare

Page A-9 – Added additional vaccine trade names

Pages A-13 to A-18 - Changed OPV to polio

Page A-15 - Added Korea

Page A-18 - Added Taiwan

Added Web site for Asian Regional Immunization Schedule

A-19 - Revised Immunization Resources

A-20 - Revision of Materials order form

A-21 & A-22 Update of Local Health Jurisdictions addresses and phone numbers

Immunization Manual

For Schools, Preschools and Child Care Facilities

Includes Immunization Requirements
Spring 2002



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For more information or
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Introduction

This publication is for those who serve on the immunization front line at schools, preschools, and child care facilities. It's for staff members who process immunization forms, complete immunization status reports and answer parents' questions about immunization requirements.

Many of you don't deal with immunizations every day, but when you do, you are expected to know a lot about them right away. This manual was developed to assist you.

The requirements outlined in this manual are based on the January 1995 Recommended Childhood Immunization Schedule for the United States as approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. A copy of the immunization schedule can be found on page **I-2**. More recent immunization schedules have been issued, but Washington immunization regulations state that children must meet the requirements described in the January 1995 schedule. You'll find a copy of the regulations (WAC 246-100-166) on page **A-31**.

The development of this edition of the *Immunization Manual for Schools, Preschools and Child Care Facilities* was guided by people who work in schools and child care facilities and have similar immunization responsibilities as you.

This manual can help you:

- Understand the immunization requirements.
- Understand new immunization information.
- Answer questions about which immunizations a child needs in order to enter school or a child care facility.
- Organize an efficient filing system for CIS forms.
- Set up a reminder system to help you keep track of exempt and conditional students.
- Understand vaccine-preventable diseases—their causes, symptoms and how they are spread.
- Prepare the required school and child care Annual Immunization Status Reports.
- Report communicable diseases at your school or child care facility to local public health officials.
- Work with public health officials to help get susceptible children immunized during a disease outbreak.
- Understand the meaning of immunization-related terms.
- Locate immunization resources.
- Strengthen your position with parents, school administrators and health care providers by providing you with specific immunization regulations.

The requirements outlined in this manual are based on the January 1995 Recommended Childhood Immunization Schedule.

- Know what to include in letters you send out about disease outbreak, incomplete records, overdue immunizations and exclusion of children from school or child care.

Place this *Immunization Manual for Schools, Preschools and Child Care Facilities* in a three-ring binder and keep it nearby. You'll be able to insert new pages or sections easily when revisions are made by the Immunization Program. For instance, the section on vaccine requirements will be re-written as new vaccines emerge and are required for school and child care attendance. In addition, the manual is available as PDF files on the Immunization Program's website: www.doh.wa.gov/cfh/immunize.

Note: Preschools and child care facilities, as referred to in this manual, include preschools and child care programs associated with public and private schools, HeadStart/ECEAP programs, licensed in-home child care, licensed child care centers and children's group homes.

Chapter I

Immunization Requirements

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Required Immunizations

When we say that immunizations are required by state law, we are really talking about statutes and regulations. Statutes are passed by the state legislature and become part of the Revised Code of Washington or RCW. The RCW is the state law.

Government agencies, such as the state Board of Health and the state Department of Health, assure the law is carried out through regulations. These regulations can be found in the Washington Administrative Code or WAC. The regulations in the WAC are based on the RCW.

The immunization statute says that documentation of immunization status or a signed exemption is required. The immunization regulations specify exactly which immunizations are required.

The statute (RCW 28A.210) and regulations (WAC Chapter 246-100-166) that deal with the immunization of children attending child care facilities, preschools and schools are on pages **A-23** and **A-31**, respectively.

Unless exempted, a child attending a child care facility, preschool (including HeadStart/ECEAP programs) or school in Washington state is required by law to be immunized or in the process of being immunized against:

- Diphtheria
- Tetanus
- Pertussis (up to age 7 years)
- Polio
- Measles
- Mumps
- Rubella (German measles)
- Hepatitis B
- Haemophilus influenzae type b (hib disease)
(required for children under 5 years of age)

A completed and signed Certificate of Immunization Status (CIS) form is required to be on file at the school or child care facility.

Information about these diseases and the vaccines that can help prevent them can be found in chapter 2, beginning on page **2-4**. A schedule that shows when a child should be immunized can be found on page **1-2**.

Although the recommended immunization schedule is revised yearly, the immunization requirements for attendance at schools and child care are based on the 1995 Recommended Immunization Schedule. This manual addresses the interpretation and implementation of the 1995 recommended schedule.

Immunization Entry Requirements for Schools, Preschools and Child Care Facilities

Vaccines are listed under the routinely recommended ages.

Shaded bars indicate range of acceptable ages for vaccination.

Vaccine	Birth	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	4-6 Years	11-12 Years	14-16 Years
Hepatitis B ¹	Hep B-1									
		Hep B-2			Hep B-3					
Diphtheria, Tetanus, Pertussis	DTP	DTP	DTP	DTP	DTP or DTaP at 15+ Mo			DTP or DTaP		Td ¹
H. Influenzae Type B	Hib	Hib	Hib	Hib	Hib					
Polio	Polio	Polio	Polio		Polio			Polio		
Measles, Mumps, Rubella					MMR			MMR or MMR		

The above schedule was recommended and approved January 1, 1995 by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Physicians. Footnotes of this schedule (in this manual) provide more information about vaccines and when they can be given. Although there are more medically current recommended schedules, the January 1995 schedule is the only one required by Washington State Immunization Law.

¹ Effective September, 1997.

■ CIS Form: What It Is, Who Fills It Out, Who Keeps It

The Washington State Certificate of Immunization Status (CIS) form was revised in February 1999. CIS forms are available from your local health jurisdiction or the state Department of Health Distribution Center toll-free at 1-866-397-0337 or by email at immunematerials@doh.wa.gov. CIS forms are also available in 22 different languages on the DOH-IP website: www.doh.wa.gov/cfh/immunize.

The CIS form is a two-sided form that shows which immunizations a child has received and the dates they were received, or the reason the child is exempt (excused) from being immunized. Every child attending a licensed child care facility, preschool or school is required by law to have a signed and up-to-date CIS form on file at that facility or school.

Parents, guardians or other designated adults (in loco parentis, foster parent or case worker) are responsible for completing the CIS form. They complete it with information taken from an up-to-date immunization record kept in their home or at the office of the child's health care provider.

Immunization requirements are the same for all children. Children may be exempted (excused) from immunizations for medical, religious or personal reasons. See page **I-7** for more information about exemption from immunization.

Children may not attend public and private schools and licensed child care centers without a completed CIS form. The CIS form must be completed by the **first day** of the child's attendance at the school or program.

A completed CIS form must include:

- Full name, birthdate and sex of child.
- Parent signature and date.
- Month, day and year each vaccine dose was given, OR
- Documentation of disease-specific immunity, signed and dated by a health care provider, along with a copy of laboratory titer results showing that immunity, OR
- Any exemptions claimed, with signature, date and specific vaccine from which the child is exempt.

Every child attending a licensed child care facility, preschool or school is legally required to have a signed and up-to-date CIS form on file at that facility or school.

It is important to periodically contact the parents of those children who are exempt for one or more vaccines to determine any change in the immunization status. It would be most important to make contact as a student enters the grade level at which there is a change in minimum requirements for students in that grade. For example, a child in Kindergarten whose status is exempt only for pertussis (whooping cough) vaccine, no longer needs to be exempt in grade 1 as pertussis is no longer required after age 7; a child in pre-school, child care programs whose status is exempt for Hib vaccine, no longer needs to be exempt after the child's 5th birthday.

When a completed CIS form is returned, school and childcare officials are to:

- Check for parent signature. Inform parents claiming exemption that their child may be temporarily excluded from school if a disease outbreak occurs.
- File the completed form in a CIS file or health record and/or the student's personal cumulative record. The CIS form must be kept on file for the duration of enrollment.
- Retain most recently signed and completed CIS form. Discard all others.

Immunization updates may be taken over the phone from a parent, doctor's office or another school. Staff taking the phone information must initial and date the CIS form.

Legible copies of the Washington State CIS form are acceptable.

Reviewed for compliance by: _____

Staff Signature

Date: _____ Exemption: YES ☐ NO ☐
(see back)



CERTIFICATE OF IMMUNIZATION STATUS

Washington State Law (RCW 28A.210.160) requires that all children have a completed Certificate of Immunization Status on file at the school, preschool or a child care facility that they attend. A chart showing which vaccines should be given and when, is printed on the other side of this form.

Child's Last Name	First Name	Middle Name	Sex F M	Birthdate
Parent/Guardian Name		Daytime Phone		

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
DTaP/DTP/DT/Td Diphtheria, Tetanus, Pertussis		1			
		2			
		3			
		4			
		5			
POLIO OPV by mouth, IPV by injection		1			
		2			
		3			
		4			
HIB Haemophilus Influenzae B		1			
		2			
		3			
		4			

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
MMR Measles (Rubeola), Mumps & Rubella	MMR	1			
	MMR	2			
	MMR				
	MEASLES				
	MUMPS				
	RUBELLA				
HEP B (HBV) Hepatitis B		1			
		2			
		3			
OTHER VACCINES					

➔ I certify that the information provided is correct and verifiable ➔

X _____ Date: _____
Signature of Parent or Guardian

DOH 348-013(X) Revised February 1999

Immunization Entry Requirements for Schools, Preschools and Child Care Facilities

Vaccines are listed under the routinely recommended ages. Shaded bars indicate range of acceptable ages for vaccination.

Age → Vaccine ↓	Birth	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	4-6 Years	11-12 Years	14-16 Years
Hepatitis B **	Hep B-1									
		Hep B-2								
Diphtheria, Tetanus, Pertussis		DTP	DTP	DTP	DTP or DTaP at 15+ Mo			DTP or DTaP	Td **	
H. Influenzae type b		Hib	Hib	Hib		Hib				
Polio		Polio	Polio					Polio		
Measles, Mumps, Rubella						MMR		MMR or MMR		

✕The above schedule was recommended and approved January 1, 1995 by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Physicians. Footnotes of this schedule provide more information about vaccines and when they can be given. They are reprinted in the Immunization Manual for Schools, Preschools and Child Care Facilities, which can be found at most schools and Local Health Departments. Although there are more medically current recommended schedules, the January 1995 schedule is the only one required by Washington State Immunization Law.

** Effective September, 1997

Statement of Exemption to Immunization Law

NOTICE:

Your Child can be exempted (excused) from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that your child has not been immunized against, she or he can be excluded from school, preschool or child care until the outbreak is over.

<input type="checkbox"/> Medical Exemption I certify that the child named on this form is medically exempted from the requirement for the following vaccine(s): _____ Until _____ Date Vaccine(s) _____ Date Type or Print Physician's name _____ Date Physician's Signature _____	<input type="checkbox"/> Personal Exemption <input type="checkbox"/> Religious Exemption I am opposed to immunization. I understand that my child can be excluded from attendance during an outbreak. I do not want my child to receive the following vaccine(s): _____ Vaccine(s) _____ Signature of Parent or Guardian _____ Date _____
---	--

Documentation of Immunity I certify that the child named on this form has laboratory evidence of immunity to measles/mumps/rubella (please circle). Attach TITER results _____ TYPE or PRINT Physician's Name _____ Physician's Signature or Stamp _____ Date _____	
--	--

Status of Immunizations: Definition of Terms

■ Complete for Age

A child who has completed the required number of immunizations by law per the Recommended Schedule for his/her age. (See schedule, page **I-2**) A completed CIS form must be signed and on record at the facility.

■ Conditional

A child who is partially immunized per the schedule and is in the process of completing the required immunizations for his/her age. Children in this status may be admitted to school on a conditional status, but they must complete the CIS form with all the immunizations received so far. If a child in conditional status is more than 30 days past the usual interval for vaccine dose, he or she becomes 'out of compliance' and should be excluded from the facility until documentation of subsequent immunization information is provided to the facility. Parents/guardians are responsible for letting the school or childcare center know when their child has been immunized so that the child's CIS form can be updated.

■ Out of Compliance

A child whose immunization status is not complete, not conditional or who is not exempt. A child without a signed CIS form is considered out of compliance. Any child who is out of compliance **must** be excluded from attendance until he or she meets the legal requirements of the law.

■ Exempt

A child may be exempt (excused) from immunization requirements for medical, religious or personal reasons. Exemptions must be documented on the CIS form as follows:

- Medical exemptions must be signed by a licensed medical doctor (MD), doctor of osteopathy (DO), naturopathic doctor (ND) (see RCW 18.36A.040), licensed physicians assistant (PA), or nurse practitioner (ARNP). Either the CIS form or a note signed by the health care provider and attached to the CIS form can be used to document medical exemptions.
- A child may have a medical reason to temporarily delay an immunization with the intent to be immunized later. The date the temporary exemption is expected to end must be given. The designated staff member at a school, preschool or child care facility is expected to monitor temporary exemptions.
- Personal or religious exemptions must be signed by a parent or guardian to certify that the parent or guardian opposes one or more vaccines, or intends to delay immunizing the child.

All exemptions must specify which vaccines will not be received!

- If a child has already had a disease (for example, measles) he/she is considered immune to that disease and does not need to be immunized for that specific disease. *Proof of immunity (laboratory test results) must be attached to the CIS form.*
- A student may also comply with immunization law by having a combination of required immunization and exemptions. For example, a student may be fully immunized against one disease but have a medical exemption to another.

During a communicable disease outbreak, the health officer of the local health department/jurisdiction determines which children are to be excluded from school/childcare and the date and conditions when the children may return.

Specific Responsibilities

Individuals and organizations have specific responsibilities for childhood immunization. They are as follows:

■ Parents/Guardians

Parents, including foster parents and guardians, are responsible for a child's compliance with immunization regulations. Parents should keep accurate immunization records for their child in order to provide a correct and complete CIS form (see sample on pages ***1-5*** and ***1-6***) when the child enters child care, preschool and/or school. The immunization dates on the CIS form must come from a written record, such as a personal immunization record, baby book, or records from a clinic or health care provider.

A parent, guardian or other designated adult should inform the school nurse or designated staff whenever a child has had an immunization so the CIS form can be updated.

Communicating with Parents and Guardians

School nurses, health assistants and secretaries can help protect students against serious diseases by encouraging full and timely immunization. School personnel are an important and trusted source of information about immunization.

School personnel are an important and trusted source of information about immunization.

You can help parents understand:

- Which immunizations are required for school attendance.
- The importance of immunizing on time.
- That communicable diseases have not been eliminated.
- That each child's immunization status must be legally documented on a Certificate of Immunization Status form.

You can also remind parents:

- When immunizations are due.
- About the importance of keeping up-to-date records at home and at school.

You can direct parents to:

- Community resources for low-cost immunizations. Some health care providers have convenient evening and week-end hours.
- More detailed information about immunizations.

Take advantage of enrollment and kindergarten round-up to start communicating with parents about the importance of immunizations. When you review their child's Certificate of Immunization Status form, offer to answer any questions they may have about immunization requirements. Help them understand Washington State's immunization laws.

The administrator or his/her designee excludes children from school or child care if they are not in compliance with state immunization requirements.

■ Health Care Providers Licensed to Prescribe Vaccines

Licensed medical doctors (MDs), doctors of osteopathy (DOs), naturopathic doctors (NDs)—see RCW 18.36A.040, page **A-23**—licensed physicians assistants (PAs) and nurse practitioners (ARNPs) with prescriptive authority are authorized to prescribe and administer vaccines. They are expected to immunize patients according to the recommended schedule and to educate parents and guardians about communicable diseases and immunizations by providing a current Vaccine Information Statement (VIS) for each vaccine. They are also expected to give parents and guardians up-to-date documentation of their child's immunization history.

■ Administrators of Child Care Facilities, Preschools and Schools

The director, principal or program manager has the ultimate responsibility for immunization matters, but may delegate many of them to a staff member(s) (see below). The administrator or his/her designee excludes children from school or child care if they are not in compliance with state immunization requirements. *Students in conditional status become out of compliance if they fall more than 30 days behind schedule in getting immunized, and are to be excluded.*

■ Designated Health Care Staff at Child Care Facilities, Preschools and Schools

Legal Responsibilities

Washington state's immunization law (RCW 28A.210.060-170) (see pages **A-24** to **A-27**) was enacted to help ensure that every child in Washington state is protected against vaccine-preventable diseases. It applies to all public and private schools, child care facilities, Head Start and ECEAP programs in the state.

The program director or principal has the ultimate responsibility, but may delegate immunization duties to a nurse, health assistant, secretary, clerk or volunteer. Some of these duties include:

- Collecting and verifying immunization information.
- Assessing the information for accuracy and completeness.
- Filing the CIS form.
- Completing the annual state status report form.
- Notifying parents when follow-up is needed.

The designated staff may also:

- Provide parents/guardians with copies of the most recent CIS form and with information about immunization regulations. To order blank CIS forms, call the State Department of Health Distribution Center toll-free at 1-866-397-0337, or by email at immunematerials@doh.wa.gov, or call your local health jurisdiction.

- Make sure transfer students show proof of immunization status upon admission to school with a completed and signed Washington state CIS form.
- Establish a system for storing and maintaining CIS records.
- Keep an up-to-date list of children who are not adequately immunized.
- Educate co-workers and parents about the importance of immunizations.
- Immediately report communicable diseases to the parents, child care director/school principal and to the local health jurisdiction.
- Cooperate with local health jurisdiction officials and the child care facility director/school administrator to prevent and contain the spread of a disease when an outbreak threatens or occurs.
- Submit timely annual immunization status report to the state Department of Health Immunization Program.

Immunization Records and Record Keeping

■ Transferring Student Records

When a student transfers to another school district, the original CIS form or a legible copy can be given directly to the parent to take to the new school. If a copy is given to the parent, the original can be transferred with the student's other school records.

*Note: A CIS form cannot be withheld by the student's 'old' school for any reason, including nonpayment of fees (see WAC 246-100-166(10)(b), page **A-33**).*

In-State Transfer Students. If a student transfers to a new school district within the state, he/she is considered 'new' and must have a fully completed and signed CIS form on file at the new school. A copy of the CIS form from the 'old' school is sufficient.

Out-of-State Transfer Students. Students transferring from other states are required to have a completed Washington state CIS form on file at the new school. Forms used in other states are not acceptable, even if the information complies with Washington state immunization law. Information from other states may be used to complete the Washington CIS form.

■ Homeschool Students

Any child who is on the school premises for any activity during a school day is either a potential source of contagion or at risk of an exposure. Therefore, a record of immunization information must be maintained.

All students enrolled in a Washington state public or private summer school must have a CIS form on file.

■ Summer School Students

All students enrolled in a Washington state public or private summer school must have a CIS form on file. Students attending summer school in a building other than the school they regularly attend but within the same school district are in compliance with the immunization law if a CIS form is on file at the home school. This policy also applies to skill centers, off campus and alternative schools. However, those records need to be accessible. If the school with the immunization records is to be closed during the summer, a copy must be available at the summer school location.

■ International Students

International students are bound by the same rules as all students and must therefore have a completed CIS form on file at the school they are attending. This includes international students who are short-term visitors. Immunization requirements are the same as for any other student, so the completed or conditional CIS form must be received prior to the first day of attendance at the school. Host parents of international students act as legal guardians and may sign CIS forms but may not legally take the student to be immunized unless the host parents have notarized permission from the student's parents to do so, or if the student is 18 years of age or older.

It is strongly recommended that the Washington state CIS form be filled out as part of pre-registration for all international students. Schools should also provide CIS forms for sponsor agencies arranging student visits. Completing the CIS form should become a regular part of the application procedure so the school district can be assured that an international student is in compliance with the immunization requirements upon arrival in Washington state.

The names of eight vaccine-preventable diseases are translated into 32 foreign languages on pages **A-10** to **A-12**. In a separate chart beginning on page **A-13**, we have listed the routine childhood vaccinations given in other countries.

■ Graduating Students

This requirement is being implemented by requiring schools to notify graduating seniors that a booster dose of Td is due if they haven't had one since Kindergarten entry.

Upon graduation, a student or his/her parent should get the student's most recent and accurate CIS form. Schools may want to keep a copy on file, but are not required to do so. Immunization records are often required for entrance into college or for employment, especially in health-related fields.

See page **4-17** for a sample letter to seniors regarding the Td requirement. This letter can accompany the CIS form.

How to Organize Immunization Records

Washington state immunization law requires each student to have a completed Certificate of Immunization Status (CIS) form on file. A systematic file system makes it easier for you to:

- Update your records.
- Identify students who, according to your records, have skipped immunizations or are due for more.
- Compile the annual status report that is required by the state Department of Health Immunization Program.
- Identify and keep a list of susceptible students, to be used in the event of a vaccine-preventable disease outbreak.
- Keep completed CIS forms together, arranged alphabetically by grade level and last name in a folder.
- Keep a separate alphabetical list of students who are not completely immunized.

If you are thinking about using immunization-tracking software, you want to be sure the software will separate immunization records into 'complete,' 'conditional,' 'exempt' and 'out of compliance' categories; list which immunizations a student needs and when they are due; and produce annual status reports.

The Immunization Program. . .serves as a clearinghouse of information about vaccines and vaccine-preventable diseases.

■ Local Health Jurisdictions

Local health jurisdictions, often called county health departments or districts, usually administer immunizations. Some distribute the CIS and other immunization forms, as well as educational materials about communicable disease and immunization regulations. Public health officials take steps to contain and prevent disease outbreaks, and investigate them when they do occur. They also work to achieve and/or maintain high immunization levels in their respective communities.

■ State Agencies

Department of Health

The Washington State Department of Health Immunization Program is responsible for monitoring immunization levels in the state. The program works closely with the Office of the Superintendent of Public Instruction, Department of Social and Health Services, local health jurisdictions, child care facilities and private health care providers. The Immunization Program helps other agencies and organizations by answering questions, making referrals and serving as a clearinghouse of information about vaccines and vaccine-preventable diseases. School and child care facility records are reviewed by public health staff for compliance with state regulations and answer questions regarding specific cases. For further information, please contact the Department of Health toll-free at 1-866-397-0337.

Board of Health

The State Board of Health adopts regulations regarding immunization requirements and communicable disease control.

Department of Social and Health Services

The Division of Child and Family Services at the Department of Social and Health Services enforces license regulations for licensed child care providers.

Superintendent of Public Instruction

The Superintendent's office develops regulations for immunization record verification, consults with school districts on health issues, and helps the state health department inform schools and the general public about immunization issues. Questions about individual student immunization records are referred to the student's health care provider or local health jurisdiction.

■ Confidentiality of Immunization Records

Health care providers may share child immunization information with other health care providers without parental consent as long as the exchange is being done to assist in providing health care, according to the 1991 Uniform Health Care Information Act. Immunization information can also be exchanged between a licensed health care provider and a school nurse or designee. Any signed parental consent for disclosure of immunization information to individuals other than health care providers is valid for 90 days only.

Chapter 2

Vaccine-Preventable Diseases

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Communicable Disease Concerns

■ How to Report a Disease Concern

All facilities responsible for children are required to establish policies and procedures for preventing and controlling the spread of communicable diseases in children, employees and volunteer staff. These procedures must be consistent with current practices recommended by your local health jurisdiction or the state Department of Health.

Immediately call the local health jurisdiction if you suspect a communicable disease in a child or staff member. Phone numbers are listed on pages A-21 and A-22.

WA State School Directors Association Policy 6512

Note: The following is the Washington State School Directors Association policy for infection control. It is provided in this manual as a reference for school staff and volunteers.

■ Infection Control Program—Management Support

In order to safeguard the school community from the spread of certain vaccine-preventable diseases, and in recognition that prevention is a means of combating the spread of disease, the board strongly urges that susceptible school staff members (including volunteers) provide evidence of immunity against TD (Tetanus-Diphtheria) and MMR (Measles, Mumps and Rubella). Staff members born prior to January 1, 1957 need not provide evidence of immunity to measles; these individuals are considered naturally immune.

To facilitate this prevention program, the board authorizes the superintendent to make arrangements for staff immunization at a convenient time and place, and at a nominal cost to the staff member. A “susceptible” staff member may be exempt from the requirements for immunization by filing a written objection to such immunization on the basis of religious or philosophical grounds, when a private licensed health care provider certifies that the staff member’s physical condition contraindicates immunization or when the staff member provides documentation of immunity by blood test.

In the event of an outbreak of a vaccine-preventable disease in school, the local health officer has the authority to exclude a susceptible staff member. A staff member granted an exemption for religious, philosophical or medical reasons or without an acceptable immunization record on file may be excluded, as he/she is considered to be susceptible. If excluded he/she is not eligible to receive sick leave benefits because of the exclusion itself. To qualify for benefits, he/she must be ill or temporarily physically-disabled.

The superintendent or designee shall evaluate all job duties of district employees to determine which employees have reasonably anticipated on-the-job exposure to blood or other potentially infectious material. The district shall maintain a list of job classifications where employees have reasonably anticipated exposure to blood or other potentially infectious material. The hepatitis B vaccine shall be provided at the district’s expense to all employees identified as having risk of directly contacting blood or other potentially infectious material at work.

In the event that an employee has a specific exposure to blood or other potentially infectious material, the employee will be provided, at district expense, with confidential medical evaluation, follow-up and treatment, if indicated.

In the event of an outbreak of a vaccine-preventable disease in school, the local health officer has the authority to exclude a susceptible staff member.

The district shall provide annual training to all employees with reasonably anticipated exposure to blood or other potentially infectious material. All employees shall receive district provided training on HIV/AIDS within six months of initial employment.

Records shall be kept in strict confidence regarding the hepatitis B vaccine status of all employees with reasonably anticipated exposure to blood or other potentially infectious material and for each occupational exposure an employee has to blood or other potentially infectious material. The records shall be kept for the duration of the employee's employment, plus thirty years. The district shall also keep records that employees have received appropriate training.

■ Infection Control Program—Procedure 6512P

Immunization

Staff members, including substitutes, student teachers and volunteers, are encouraged to complete an Immunization History form to be placed on file at the district office. In the event of an outbreak of a vaccine-preventable disease in school, the local health officer has the authority to exclude all susceptible persons, including school staff. This authority would likely be exercised in the event of one or more cases of measles or rubella within the school. Susceptible, as related to measles, means any staff member born after January 1, 1957.

A staff member may claim an exemption for health, religious or philosophical reasons. However, such a staff member who files an exemption may be excluded if an outbreak occurs at his/her school. A staff member who is excluded is not eligible to receive sick leave benefits unless he/she is ill or physically disabled or is otherwise provided for in the collective bargaining agreement.

If a staff member needs to be immunized, he/she should contact a personal licensed health care provider or clinic. Immunizations may also be available at a nominal cost from the county health department.

Diseases That Require Immunization

■ Diphtheria

Diphtheria is an acute infectious disease of the nose and throat which is spread from an infected person when he/she coughs or sneezes. Symptoms include the gradual onset of a sore throat, a low-grade fever, and weakness. A thick mucus membrane often covers the entire throat and extends to respiratory passages, making it difficult to breathe. The lymph nodes of the neck tend to be enlarged. Diphtheria can lead to heart failure, paralysis and death.

■ Tetanus

Tetanus is a bacterial disease usually transmitted through a cut or puncture wound contaminated with soil. The entry wound may or may not be visible. The tetanus bacterium produces a powerful toxin that poisons nerves and causes muscle spasms. Tetanus can cause severe muscle spasms in the jaw or neck—which is why it is commonly known as lockjaw. It can also cause death.

■ Pertussis (whooping cough)

Whooping cough is a highly contagious bacterial respiratory infection spread by coughing or sneezing. It starts like a common cold, but within a few days coughs come in exhausting bursts, often followed by a “whooping” sound as the child breathes in. Long coughing spells make it difficult for a child to eat, drink or even breathe. Vomiting can also follow a long coughing spell. The disease is most serious in young infants. With older children and adults the disease can be quite mild or can cause several weeks of exhausting coughing. Whooping cough is transmitted through the air when an infected person coughs. The number of reported pertussis cases has been on the increase in recent years in Washington state and other states.

DTaP Vaccine

Children should be immunized with a four-shot series of the combination vaccine, DTaP, which includes diphtheria, tetanus and pertussis, in the first 18 months of life. Children who receive all four doses before their fourth birthday should receive a fifth dose before entering kindergarten or elementary school. The fifth dose is not necessary if the fourth dose was given on or after the fourth birthday. This combination vaccine is not given to individuals over age seven.

A booster dose of tetanus/diphtheria (Td) vaccine is recommended for students ages 11 to 17 and every 10 years thereafter.

The number of reported pertussis cases has been on the increase in recent years in Washington state.

■ Measles

Measles is a serious and highly contagious illness caused by a virus. It can lead to ear infection, pneumonia, seizures, brain damage and death. Before the measles vaccine was introduced, measles caused about 400 deaths in the U.S. each year. Measles begins with cold-like symptoms—fever, red runny eyes, cough, runny nose and tiredness. This lasts about three days. Then small white spots appear on the inside of the mouth and a rash begins, usually on the face. This red, raised rash spreads rapidly over the neck, upper arms and chest. Later it spreads over the back, abdomen, rest of the arms, thighs, legs and feet. The illness lasts 7 to 10 days. (See page 2-1 for information about reporting measles cases and other rash illnesses).

■ Mumps

Mumps is caused by a virus. It usually causes painful swelling of the glands that lie just above the back angle of the jaw, but other glands may be affected. It can cause fever, headache and mild respiratory symptoms. After puberty, mumps can cause swollen testes or ovaries. Rarely, mumps causes deafness. Mumps is transmitted through the air or by direct contact with the saliva of an infected person. Symptoms of mumps generally last from one week to 10 days.

■ Rubella (German measles or three-day measles)

Rubella is a relatively mild viral illness that may go undiagnosed because of its mild symptoms. Although it seldom poses a major risk to children, rubella does put unborn infants at considerable risk. Pregnant women who get rubella can miscarry or have babies with severe birth defects.

The first signs of rubella are usually swollen, tender glands at the back of the neck and behind the ears, a mild fever and then a rash. The rash and a “flush” appear first on the face, then spread quickly to the trunk, upper arms and thighs. The rash then moves to the forearms, hands and feet. Teenagers and adults may have painful or swollen joints.

MMR Vaccine

The measles, mumps and rubella vaccines are live viruses that have been weakened. It is usually given in a combination vaccine known as the measles-mumps-rubella (MMR) vaccine. One dose of MMR vaccine is routinely given between 12 and 15 months of age and is required for a child (16 months and older) entering a child care center or school. A second dose of measles-containing vaccine is recommended either at 4-6 years of age or at 11-12 years of age and at least 28 days after the first dose. The state Department of Health is implementing this recommendation in the following increments:

Pregnant women who get rubella can miscarry or have babies with severe birth defects.

School year	Two doses measles-containing vaccine required
1992-1993	6th grade entry since school year 1992-1993
1997-1998	New students grades 7-12
2000-2001	Students entering Kindergarten
2001-2002	Students entering Kindergarten and grade 1 Students entering grade 6 All students grade 7-11
2002-2003	Students entering grades K, 1 and 2 All students in grades 6-12
2003-2004	Students entering grades K, 1, 2 and 3 All students in grades 6-12
2004-2005	Students entering grades K, 1, 2, 3 and 4 All students in grades 6-12
2005-2006	Students entering grades K, 1, 2, 3, 4 and 5 All students in grades 6-12
2006-2007	All students in grades K-12

The wild polio virus has been eliminated in North and South America but not elsewhere in the world, which means all children should continue to be immunized against it.

■ Polio

The wild polio virus has been eliminated in North and South America but not elsewhere in the world, which means all children should continue to be immunized against it. Polio is a viral infection transmitted by fecal-oral contact. Milder cases may last only a few days, causing fever, sore throat, stomach ache and headache. If the disease worsens, it can cause severe muscle pain, paralysis, breathing difficulty, and even death.

Vaccine for Polio

Oral polio vaccine (OPV) is no longer given or available in the United States as of April 2000. Inactivated polio vaccine (IPV) contains killed virus and is given as an injection in the leg or arm. Due to a small risk of vaccine associated paralytic polio, the ACIP now recommends routine immunization with an all IPV schedule. The first three doses are given at 2, 4 and 6-19 months. A fourth booster dose is given at school entry. Four doses are required if a combination schedule of OPV/IPV is received.

■ *Haemophilus Influenzae* Type B (hib disease)

Hib bacteria resides in the nose and throat of many people without making them ill, but it can cause serious illness, especially in preschool-aged children. Before a vaccine was available, hib disease was the most common cause of meningitis in children under the age of 5. It often led to pneumonia, skin infections, hearing loss, permanent brain injury or death. The disease is spread through the air by coughing and sneezing. Symptoms of illness include a high fever, severe headache, stiff neck, quiet or withdrawn behavior, sensitivity to light, vomiting, ear infections and convulsions. Hib can also cause epiglottitis—a swelling in the throat which is potentially life-threatening.

Vaccine for Hib Disease

A conjugated hib vaccine was developed in the mid-1980s. It has been responsible for a dramatic decrease in the number of reported cases of hib disease in the U.S. In Washington state, 271 cases were reported in 1987. Seven years later, only ten cases were reported. The number of doses a child needs to receive depends on the age of the child at the time the vaccine is administered and the type of vaccine given. The routine schedule is 2-3 doses before the first birthday and a booster dose on or after 12 months of age. Hib vaccine is not required after a child reaches 5 years of age.

■ Hepatitis B

Hepatitis B is a serious viral infection of the liver. It can lead to chronic liver disease and/or liver cancer. Symptoms include nausea, vomiting, abdominal pain and jaundice. However, many people who become infected have no symptoms. A small number of people infected with hepatitis B will carry the virus for life and can unknowingly spread the disease to others.

The disease is spread through exposure to infected blood or body fluids. For example, sharing toothbrushes or razors, an accidental needlestick, contact with infected blood during sports, unsterile needles used for body-piercing or tattooing, having sex with a person who has hepatitis B.

The younger a person is when becoming infected, the greater the risk of chronic infection, chronic liver disease and liver cancer. A baby born to a mother who has hepatitis B has a 90 percent chance of getting the disease. Infected babies have a 90 percent chance of becoming chronically infected and 25 percent will die of chronic liver disease as adults. Immunization at birth is the recommended prevention.

The younger a person is when becoming infected, the greater the risk of chronic infection, chronic liver disease and liver cancer.

Vaccine for Hepatitis B

The hepatitis B vaccine was licensed in 1982. As of September 1997, a three-shot series of hepatitis B vaccine was required for all children entering kindergarten, as well as for all children attending preschools or licensed child care facilities. The requirement is being phased in one grade level per year.

■ Other Vaccine-Preventable Diseases

Vaccines are also available for varicella (chickenpox), pneumonia, influenza and hepatitis A. They, however, are not required for entry to a child care facility, preschool or school. Washington state immunization requirements are based on the Recommended Childhood Immunization Schedule—United States, January 1995, approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Physicians. Children receiving any of these vaccines should have documentation on their CIS forms.

Chapter 3

Adult Recommendations

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Recommended Adult Immunizations

Vaccine	For whom it is recommended
Hepatitis A <i>A two- or three-dose series.</i>	People with chronic liver disease, and those with hepatitis B and/or C virus infection; illicit drug users; men who have sex with men; people with clotting disorders; people who work with nonhuman primates; and people who travel outside the U.S. to certain countries.
Hepatitis B <i>A three-dose series.</i>	Household contacts and sex partners of people infected with Hepatitis B; illicit drug users; heterosexuals with more than one sex partner in 6 months; men who have sex with men; people with recently diagnosed STDs; people who need hemodialysis; recipients of certain blood products; certain school staff who may come in contact with blood or body fluids; health care workers, some public safety workers; clients and staff of institutions for the developmentally disabled; inmates of long-term correctional facilities; certain international travelers; refugees and immigrants from endemic areas of the world; and persons infected with hepatitis C virus.
Influenza (Flu) <i>Routinely given annually as a single dose.</i>	People who are ≥ 50 years of age, and those younger people with chronic medical problems; people working or living with these people should be vaccinated as well. All health care workers. Healthy pregnant women who will be in their second or third trimesters during the influenza season; pregnant women who have underlying medical conditions should be vaccinated before the flu season, regardless of the stage of pregnancy. Anyone who wishes to reduce the likelihood of becoming ill with influenza.
Measles, Mumps, Rubella (MMR) <i>High-risk adults require a second dose.</i>	Adults born in 1957 or later who are ≥ 18 years of age should receive at least one dose of MMR if they haven't had the disease, or do not have documentation of a dose given on or after the first birthday. Adults in high-risk groups, such as health care workers, students entering colleges and other post high school educational institutions, and international travelers should receive a second dose.
Pneumococcal <i>Routinely given as a one-time dose.</i>	All adults ≥ 65 years of age, people under 65 who have chronic illness, persons living in special environments or social settings (including Alaska natives and certain American Indian populations), and immuno-compromised persons. One-time revaccination is recommended 5 years later for people at highest risk of fatal pneumococcal infection, or if the first dose was given prior to age 65 and ≥ 5 years have elapsed.
Polio <i>Not routinely recommended; if so, give a three-dose series of IPV.</i>	Not routinely recommended for adults ≥ 18 years of age. Vaccinate unimmunized adults, and give a booster dose to those previously vaccinated, if they are traveling to polio endemic areas. If polio vaccine is indicated for adults, IPV is generally preferred.
Tetanus, Diphtheria (Td) <i>A single-dose booster.</i>	After the three-dose primary series has been completed, a booster dose is recommended every 10 years. A booster dose after just 5 years may be needed for wound management.
Varicella (Chickenpox) <i>A two-dose series.</i>	All susceptible adults should be vaccinated, especially those who have close contact with immunocompromised persons. In addition, people who are at high risk of exposure, such as teachers of young children, day care employees, residents and staff in institutional settings should be vaccinated. Non-pregnant women of childbearing age and international travelers who do not have evidence of immunity need it too.

Adapted from the Summary of Recommendations for Adult Immunization by the ACIP and the Immunization Action Coalition, November 2001

Immunization History for School Personnel

Name _____ Date of Birth _____

Measles

One dose of live measles vaccine administered since 1968 and given on or after one year of age; or laboratory evidence of measles immunity. (Not required of those born before January 1, 1957)

Date of Vaccine: _____
Month/Day/Year

Documentation of Measles Immunity

I certify that the person named above has laboratory evidence of immunity to measles virus and does not need measles vaccine.

_____	_____	_____
Titer Result	Physician's Signature or Stamp	Date

Rubella

One dose of rubella vaccine administered on or after one year of age and after July 1968; or laboratory evidence of rubella immunity. (Not required of those born before January 1, 1957)

Date of Vaccine: _____
Month/Day/Year

Documentation of Rubella Immunity

I certify that the person named above has laboratory evidence of immunity to rubella virus and does not need rubella vaccine.

_____	_____	_____
Titer Result	Physician's Signature or Stamp	Date

Mumps

One dose of vaccine administered on or after one year of age. (Not required of those born before January 1, 1957 or those who had mumps disease.)

Date of Vaccine: _____
Month/Day/Year

Tetanus-Diphtheria

Td (adult): A booster is needed every 10 years.

Date of Vaccine: _____
Month/Day/Year Month/Day/Year Month/Day/Year

Exemption

In the event of an outbreak of vaccine preventable disease from which you are exempt, you may be excluded from work for the duration of the outbreak.

☐ Religious ☐ Personal Exemption

I am opposed to immunizations and do not want to have any vaccines; or I do not want to receive the following vaccines:

_____	_____	_____
	Signature	Date

I certify that the information provided above is correct.

_____	_____
Signature	Date

Hepatitis B Immunization Consent/Waiver Form

Please print

Employee's Name _____

Employer's Name _____

Employer's Address _____

Position _____

I attended the hepatitis B education and training class on _____ and:
date

1. I understand a series of three injections of hepatitis B vaccine is needed to become protected. (Occasionally, more vaccine is needed if the first series does not result in immunity.)
2. If I do not become protected from receiving the vaccine, or if I choose not to receive the vaccine at this time, I understand I will need post-exposure treatment if I have direct contact with blood or other body fluids at work.

I have read and I understand the above information and wish to receive the hepatitis B vaccine series (three doses). Also, I have *no known* sensitivity to yeast.

Signature

Date

3. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have read and I understand the above information and *do not* wish to receive the hepatitis B vaccine series (three doses) at this time.

Signature

Date

A. Medical Reason for Employee Not Receiving Vaccine

☐ Yes ☐ No

Explanation if Yes _____

B. Hepatitis B vaccination record

#1 _____ Date
#2 _____ Date
#3 _____ Date
#4 _____ Date
#5 _____ Date
#6 _____ Date

C. Antibody Test Results

Anti-HBsAg _____ Date _____
Anti-HbcAg _____ Date _____

Chapter 4

Worksheets and Sample Letters

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Pages 4-2, 4-4, 4-6, 4-8, 4-10, 4-12 and 4-14 are blank pages (they are the back side of the forms)

Please click on Underlined words to go directly to those sections of the Manual

School _____ District _____ County _____

School _____ District _____ County _____

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

[illegible]

School _____ District _____ County _____

Address _____
City _____ State _____ Zip _____

[illegible]

Note: If student is exempt for selected vaccines or doses place an "E" in the column under that vaccine/dose.

CHILD CARE IMMUNIZATION WORKSHEET #1

[illegible]

Note: If student is exempt for selected vaccines or doses place an "E" in the column under that vaccine/dose.

Sample CIS Update Reminder to Parents

Date

Dear Parent/Guardian:

A review of records shows that the information about your child's immunization history is incomplete. Washington state immunization law, RCW 28A 210-120, requires every child in a licensed child care facility to be fully immunized unless exempt for medical, personal or religious reasons.

All licensed child care providers are required by law to keep an up-to-date Washington State Department of Health Certificate of Immunization Status (CIS) form on file for each child. Parents are responsible for notifying child care providers when children get immunizations so the CIS form can be updated.

Please assist us by entering the appropriate responses below and returning this letter to me by _____ (date).

My child has had the following immunizations since we last completed or updated the CIS form:

<i>Immunization</i>	<i>Date(s)</i>
Diphtheria/Tetanus/Pertussis	_____
Polio	_____
Hib	_____
Measles/Mumps/Rubella	_____
Hepatitis B	_____

_____ I am not certain whether the immunization record you have on file is up-to-date. I will stop by with my records to compare them.

_____ My child is exempt due to medical, religious or personal reasons. I will contact you to find out which signatures are needed to complete the exemption portion of the immunization record.

Thank you,

Facility Director

Sample Follow-up CIS Update Reminder to Parents

Date

Dear Parent/Guardian:

This letter is to inform you that I have not received the information on your child's immunization status that was requested earlier this month.

Washington state immunization law, RCW 28A 210-120, requires every child in a licensed child care facility to be fully immunized unless exempt for medical, personal or religious reasons. If immunizations are not up-to-date, the law requires that your child be prevented from attending child care.

All licensed child care providers are required to keep an up-to-date Washington State Department of Health Certificate of Immunization Status (CIS) form on file for each child. Parents are responsible for notifying child care providers when children get immunized so the CIS form can be updated.

Your child's immunization record indicates she/he needs the following immunizations:

_____ Diphtheria/Tetanus/Pertussis

_____ Hib

_____ Polio

_____ Measles/Mumps/Rubella

_____ Hepatitis B

Please let me know if this information is accurate. State law requires that your child be excluded from attendance at (NAME OF CHILD CARE FACILITY) child care if immunizations are not up-to-date.

Thank you for your prompt response,

Facility Director

Sample Child Care/Preschool Exclusion Order

Date

Dear Parent:

_____ is prohibited from attending
(Name of child/children)

(Name of child care facility/preschool/Head Start/ECEAP)

until she/he complies with Washington state immunization law RCW 28A.210.120. This law requires that, before your child attends child care, you submit a completed and signed Certificate of Immunization Status form (see attached copy) indicating:

1. Month, day and year each dose of required vaccine was given
OR
2. Evidence that your child is in the process of being immunized
OR
3. Exemption from immunization for medical, religious or personal reasons.

The required immunizations may be obtained from your doctor or health clinic.
The _____ County health department phone number is _____.

Director

Child Care Facility/Preschool

Address

Phone number

Attachments:

Certificate of Immunization Status
Vaccines Required for Child Care/Preschool

Immunization Noncompliance Order of Emergency Expulsion from School

Date

To the Parent/Guardian of (Student's Name) _____

You are hereby notified that your child (named above) is prohibited from attending school until you establish that she/he is in compliance with Washington State immunization law, RCW 28A.210.120. Your child's emergency expulsion from school is effective immediately upon your receipt of this notice. In order for your child to continue attending school, you must submit a complete Certificate of Immunization Status form (copy attached) that establishes any *one* of the following:

1. That your child has received the required doses of vaccine
OR
2. That your child has initiated a schedule of immunization
OR
3. That you claim an exemption for your child from immunization requirements for a medical, religious and/or personal reason.

You are further advised that you have the right to appeal or contest the decision to exclude your child from school. To appeal this decision, you must provide the designated school district employee or her or his office with a written or oral request for a hearing no later than the tenth school business day following the date of your receipt of this notice. A schedule of school business days is attached. If you request a hearing, the only issues to be decided will be whether your child meets legal immunization requirements or has been exempted at your request for one of the above-stated reasons.

For a list of immunizations and number of vaccine doses required by law (except for exempted children), please see the enclosed list. Vaccines required to immunize your child may be obtained from your doctor, or through the local health jurisdiction or other public agency at reduced or no cost. A list is attached which provides you with the names, addresses and phone numbers of local public health clinics. *Please call the school at once for additional information and assistance.*

Sincerely,

Designated School District Employee
name, address, phone number of school

(see next page for attachments to be sent with this letter)

Attachments to be sent with Emergency Expulsion Letter:

Certificate of Immunization Status Form

List of required immunizations

Schedule of school business days

List of public health clinics

WAC 180-38-005 through 180-38-070 (see pages **A-28**, **A-29**, **A-30**)

WAC 180-40-300 and 180-40-305 (see pages **A-30** and **A-31**)

RCW 28A.210.120-160 (see pages **A-26** and **A-27**)

Note to School Staff: WAC 180-40-300 (page **A-30**) specifies additional notice requirements which must be complied with, including the requirements that this notice be sent by certified mail and that reasonable attempts be made to notify the parent or guardian by telephone or in person. This notice can be hand delivered if parent or guardian signs a form acknowledging receipt or if the deliverer documents transmission.

Sample Letter to Graduating Seniors

Date

Dear Graduate:

Enclosed is your immunization record. Keep it in a safe place with your other important records — you may need it in the future. An increasing number of employers, universities, community colleges and technical institutes, as well as the military, are requiring immunization information.

A booster dose of Tetanus/diphtheria (Td) vaccine should be repeated every 10 years throughout your life. If you have not received a tetanus vaccine since the school entry booster, please contact your health care provider or local health clinic.

A vaccine is now available that can offer protection against a bacteria which can cause a type of meningitis (inflammation of the brain). It is recommended for college freshmen, especially those who will be living in dormitories. Please consult with your health care provider.

If you are planning foreign travel other than to Canada or countries in Western Europe, contact your health care provider or local health department to see if you require additional immunizations.

We wish you well in your journeys.

Sincerely

Appendices

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Glossary of Immunization and Public Health Terms

assessment	The regular collection, analysis and sharing of information about health conditions, risks and resources among a group, such as a health department, school or child care center. Assessments can identify illness, immunity levels and injury trends, contributing factors, available health resources and their application, unmet needs and group perceptions on health issues.
Bacillus Calmette Guerin (BCG)	Not administered in the United States. Given to infants and young children in many countries to reduce risk of serious complications of tuberculosis and may reduce risk of transmission.
Certificate of Immunization Status Form (CIS)	A one-page, two-sided form published by the state Department of Health that shows which diseases a child has been immunized against, along with day, month and year immunizations were given. Used also to certify any exemptions. Each child attending a child care center, preschool, Head Start/ECEAP program or school is required by state law to submit a CIS form.
child care facility	Any person, firm, partnership, association or corporation that regularly provides care for a group of children for periods of less than 24 consecutive hours. This includes licensed in-home facilities, centers, child care homes and children's group homes.
CHILD Profile	A health tracking and promotion system aimed at improving the utilization of preventive health services (e.g., immunization) for children from birth to six years of age.
communicable disease	An illness, primarily bacterial or viral, that can be transmitted from one person to another.
compliant immunization status	A child who has a completed Certificate of Immunization Status form that is signed by a parent/guardian or other designated adult and indicates that the child has received all immunizations required for age; is in the process of receiving them; or has a signed exemption from immunization.
conditional immunization status	A child who is in conditional immunization status has begun, but the immunizations required for the age of the child are not complete. The child can be admitted to school, preschool, or child care with the understanding that he or she will continue the process at appropriate intervals until immunization requirements are met. Children who are conditionally immunized are out of compliance with immunization regulations and are to be excluded from school if they are more than one month (30 days) behind schedule in getting an immunization.
diphtheria	An infection of the throat, mouth and nose that can cause heart failure or paralysis if untreated.
DT	Vaccine for protection against diphtheria and tetanus. DT is usually used only if child has a valid medical reason for not having the combined diphtheria-tetanus-pertussis vaccine.
DTaP	Vaccine for protection against diphtheria, tetanus and pertussis. Acellular pertussis (aP) component reduces the risk of adverse effects from the vaccine.

DTP	Vaccine for protection against diphtheria, tetanus and pertussis. The primary series is given in four doses beginning as early as two months of age and ending as early as 12 months of age. A final booster is given at four to six years of age. This vaccine is no longer given in the United States.
ECEAP	Early Childhood Education and Assistance Program. State funded comprehensive preschool program.
epidemiology	Study of the distribution and causes of health problems in populations.
exempt immunization status	A child who is in exempt immunization status is legally excused from being immunized because of his or her family's personal or religious beliefs or for medical reasons. Religious/personal exemptions must be signed by a parent or guardian; medical exemptions must be signed by a health care provider licensed to administer vaccines.
full immunization	Complete immunization against childhood diseases as required by state law.
<i>haemophilus influenzae</i> type b (hib)	Bacteria that affects blood, joints, bones and heart covering. Prior to development of a vaccine, hib was the leading cause of bacterial meningitis among children under age five.
HBV	Vaccine for protection against hepatitis B. Administered in three doses between birth and 18 months.
Head Start	Federally funded comprehensive early childhood and family development program.
health care provider	A professional who delivers health services, such as a physician, physician assistant, nurse practitioner, naturopathic physician or osteopathic physician.
health education	Any planned combination of learning experiences designed to predispose, enable and reinforce voluntary behavior conducive to the health of individuals, groups or communities.
health promotion	Any planned combination of educational, political, regulatory and organizational supports for actions and conditions of living conducive to the health of individuals, groups, or communities.
hepatitis b	A virus which causes inflammation of the liver which, in turn, can cause cirrhosis and liver cancer later in life.
Hib	Vaccine for protection against <i>haemophilus influenzae</i> type b. Administered in three or four doses, depending on manufacturer, between ages two and 15 months.
home school student	A child whose parents/guardians have registered intent with the local school district to educate their child at home rather than at school.
IAP	Immunization Action Plan. A variety of child immunization activities, including clinics, education, assessment and training.
immunization	Vaccine given for protection or resistance against a specific disease.

immunization record	Includes information about a child’s immunization history — what vaccines have been given and the dates they were administered. Washington state law requires that this information be entered on a Certificate of Immunization Status form for entry to a child care center, preschool or school.
immunization schedule	A timetable with recommended ages for immunizing children against vaccine-preventable diseases such as hepatitis b, diphtheria, tetanus, pertussis, haemophilus influenzae type b, polio, measles, mumps and rubella.
infectious	Capable of causing infection or disease by the spread of bacteria, viruses or other organisms that grow and multiply. Often used synonymously with “communicable.”
informed consent	A medical-legal doctrine that holds health care providers responsible for ensuring that patients understand the risks and benefits of a procedure or medicine before it is administered.
international student	A student from another country temporarily residing in the U.S.
IPV	Inactivated polio vaccine.
law	Rule that governs a nation or state and which every resident is bound to obey; a statute passed by Congress or state legislature and approved by the President or Governor. In this state, such rules are found in the Revised Code of Washington (RCW).
measles	A highly contagious disease characterized by a high fever, followed by a red, blotchy rash that begins on the face, a cough and a runny nose.
migrant student	A child who moves across school district or state lines with parents/guardians who are seasonal or temporary workers.
MMR	A combination vaccine to protect against measles, mumps and rubella.
monitoring	Reviewing health information, such as immunization records, and using this information to identify health needs and risk factors and to provide preventive health care.
mumps	A viral contagious disease characterized by swelling of the salivary glands, fever and headaches.
noncompliant	Does not meet immunization requirements established by law.
non-infectious	Not spread by infectious agents, such as bacteria or viruses. Often used synonymously with “noncommunicable.”
OPV	Oral polio vaccine. This vaccine is no longer given in the United States.
pertussis (whooping cough)	A highly contagious bacterial disease characterized by mucous discharge from the nose and severe coughing.
policy	Set of objectives and rules guiding the activities of an organization or an administration, and providing authority for allocation of resources.
polio	A viral inflammation of the spinal cord’s gray matter sometimes causing paralysis and often resulting in permanent deformities. Can cause death.

population at risk	Segment of population with significant probability of having or developing a given condition.
Purified Protein Derivative (PPD)	Administered intradermally (skin test) for screening for TB infection.
preschool	An educational program that emphasizes readiness skills where children who have not yet entered kindergarten are enrolled on a regular basis for four hours per day or less.
prevention	Actions taken to reduce susceptibility or exposure to health problems (primary prevention), detect and treat disease in early stages (secondary prevention) or alleviate the effects of disease and injury (tertiary prevention). Immunization is an excellent example of primary prevention.
Revised Code of Washington (RCW)	Laws passed by the state Legislature and signed by the governor.
regulation	Rule or order enacted by a public agency or board to supervise and control business operations that affects the public. Can be established and enforced by both federal and state agencies.
rubella (German measles)	A mild infectious viral disease characterized by small red spots on the neck, preceded by swollen glands especially on the back of the head and neck and a low-grade fever. Can cause severe fetal defects and/or miscarriage if women are infected during pregnancy.
rule	Established guide or regulation with detailed legal consequences. Can be made by a legislature, court, or public office and relates to business conduct. In this state, found in the Washington Administrative Code (WAC).
shot	An injection given with a hypodermic needle, such as used to administer a vaccine.
susceptible	At risk of infection with various disease(s).
tetanus (lockjaw)	An often fatal disease which usually enters the body through wounds and attacks the nervous system. Characterized by spasms and rigidity of some or all of the voluntary muscles, especially the jaw, face and neck.
Td	Vaccine for protection against tetanus and diphtheria routinely used after age 7. Used primarily as a booster every 10 years. May be used as primary series with adults if they had not been immunized with DTP or DT in infancy.
tracking	Recording and reviewing health records, such as immunizations. Also identifying health needs and risk factors to support preventative health care.
vaccination	Inoculation with a specific vaccine to prevent disease.
vaccine	Any preparation of killed microorganisms or live weakened organisms introduced into the body to produce immunity to a specific disease by inducing the formation of antibodies.
Washington Administrative Code (WAC)	State agencies' or boards' administrative rules, policies and procedures for implementing the Revised Code of Washington.

Answers to the Most Frequently Asked Immunization Questions

DTaP Vaccine Shortage

Q: *What do I do if the child's doctor has no supply of the required vaccine?*

A: Consider the child to be conditional until the health care provider has vaccine. Keep a list of these children for follow-up.

Td Vaccine Shortage

Q: *How will the nationwide shortage of Td vaccine affect school immunization requirements?*

A: There should be no affect on school requirements. Entry requirements for kindergarten students are met with DTaP vaccine.

CDC priorities for use of Td during this period when the vaccine is in short supply are:

1. Travelers to countries known to have cases of diphtheria.
2. Wound prophylaxis.
3. Completion of a three-dose series.
4. Pregnant women who have not received a Td booster within ten years.

Td

Q: *Is a booster dose of Td required before a student's 17th birthday?*

A: No. The WAC (246-100-166(1)(f) page **A-32**) references the 1995 recommended schedule, which recommends a booster dose of Td between ages 11 and 17. This requirement is being implemented by requiring schools to notify graduating seniors that a booster dose is due if they haven't had one since Kindergarten entry.

MMR

Q: *Are two doses of a measles-containing vaccine required for children in childcare/preschool programs?*

A: No. Only one dose of measles, mumps, and rubella (MMR) given on or after the 1st birthday is required.

Q: *Are two doses of a measles-containing vaccine required for all students in grades 7-12?*

A: All students in grades 7-12 will be required to have two doses of a measles-containing vaccine starting school year 2002-2003.

The requirement for all students entering grade 6 has been in place for ten years; two doses have been required for all transfer students new to the district in grades 7-12 since school year 1997-1998 (therefore all students grades 7-12 should already have two doses of measles-containing vaccine).

Hep B

Q: *What is the childcare's, preschool's or school's responsibility if doses of Hepatitis B are not administered at the appropriate age or if the intervals between doses are incorrect?*

A: Hepatitis B doses that are administered incorrectly (at less than the minimum intervals or given at an inappropriate age) may not be protective. Please notify parents and recommend that they discuss the immunization with the child's health care provider. The child can either receive another dose of vaccine or a note from the doctor establishing a medical exemption.

Hib – *Haemophilus Influenza type b*

Q: *How many doses of Hib vaccine are actually required for children in preschool programs?*

A: The number of doses of Hib vaccine depends on how old the child is when he/she is immunized.

- Children who are fully immunized according to the recommendations will receive either two or three doses in the 1st year of life and a booster on or after the 1st birthday.
- A child who is 12-15 months of age who has never received a dose of Hib vaccine needs to have two doses at least 8 weeks apart.
- A child who is 15 to 60 months of age who has never received a Hib immunization only needs to have one dose.

Chickenpox

Q: *Should children be immunized against chickenpox?*

A: Chickenpox vaccine is not required at this time. It is recommended that parents discuss this with their health care provider. Also, encourage parents to document on the CIS form if the child has had chickenpox disease.

School Age Children

Q: *What immunizations are required for school age children in before-and after-school childcare programs?*

A: Children who are in both school and childcare programs are required to meet the minimum immunization requirements for their grade in school.

Home School Students

Q: *Are schools required to have CIS forms on students who are home-schooled?*

A: Yes. Immunization laws are in place for the purpose of preventing an outbreak of a vaccine-preventable disease in a group setting. Any child who is on the premise for any activity during a school day is either a potential source of contagion or at risk of an exposure.

Conditional Status

Q: *When is a child's immunization status "conditional?"*

A: A child is in conditional status when he/she has received vaccine and is in need of further doses but not enough time has passed to allow for the next dose. The child is permitted to attend school/childcare until 30 days after the time when the next dose(s) is due. At that time the student becomes out of compliance and should be excluded from the facility until the next dose of vaccine has been received and the information has been given to the school/childcare to update the records.

Exemption Status

Q: *What types of exemptions are allowed in Washington state?*

A: Washington state allows three types of exemptions: medical, personal (philosophical), and religious.

Medical exemptions require a note signed by the medical provider. Some exemptions may be time limited due to reasons such as chemotherapy and/or illness in a family member. If it is time limited it is important to keep a record of that so it can be tracked during the year.

Personal exemptions only require a parent or guardian's signature. While these exemptions are not time limited it is prudent to check each year in order to determine if changes have occurred.

Religious exemptions in Washington require nothing more than the parent or guardian's signature.

A Message to Parents about Immunization

Parents face many decisions that affect the health and well-being of their children. Parents want and need information about immunizing their kids against childhood diseases, in order to make informed decisions.

Because parents today rarely see the devastating effects of diseases like polio and whooping cough, they might wonder why immunizing their children is still important. They want to do what's best for their kids, and they want to do what they can to protect the public's health, but they may have questions. Is immunization necessary? Are vaccines really safe?

The following information was designed to answer these and other questions. It is excerpted from "Plain Talk About Childhood Immunizations," published by Public Health Seattle and King County, Snohomish Health District, and Washington State Department of Health.

Immunization Questions and Answers

Q: *What are the legal requirements for immunizing children?*

A: Washington state immunization law (RCW28A.210) requires parents to give childcare facilities, preschools or schools a completed Certificate of Immunization Status (CIS) before a child can attend. The CIS form must show that a child is either:

- fully immunized for age
- in the process of catching up on late immunizations OR
- have a signed exemption for medical, religious or personal reasons.

If an exemption is signed, a child who is not fully immunized may be excluded from child care or school during a disease outbreak. If a child transfers from a childcare or school, that facility is required to provide you with the completed CIS to give to the new child care facility or school.

Q: *You never hear about diseases, such as polio, being a problem anymore. Why should my child be immunized against them?*

A: While polio has been eliminated from the U.S. and the rest of the western hemisphere, the disease exists elsewhere in the world. Outbreaks of many diseases still occur because of lack of immunization or under-immunization. Diseases like measles and pertussis are highly contagious, and can be brought into the U.S. from other countries. One could say that disease is just an airplane ride away.

Q: *Is it safe for a child to receive more than one vaccine on the same day?*

A: A child's body is not harmed by receiving more than one immunization at a time. In fact, vaccines help the immune system, not harm it.

Q: *Can immunizations be given even if my child has a cold or other minor illness?*

A: Yes. The vaccine will be effective even if your child has a mild fever, cold, diarrhea or is taking antibiotics. Receiving all immunizations when they are due is an important way to complete each vaccine series on time and prevent extra visits.

Q: *When should vaccines NOT be given?*

A: Immunizations should be delayed if the child has a severe illness, which could reduce the vaccine's ability to produce the desired immunity. Immunizations should also be delayed or not given at all when a child has a condition that is likely to result in a serious medical or life-threatening problem if the vaccine were given, such as a reaction to a vaccine component that would cause an allergic response, difficulty breathing, low blood pressure or shock or to a child who has recently had a blood transfusion. Check with your health care provider if you have specific concerns.

Q: *Is it OK to wait until my children start kindergarten to get all their immunizations?*

A: No. Waiting can put them at risk of contracting serious diseases, many of which are very dangerous to infants and very young children. For example:

- Almost half of the 352 cases of measles in Washington state's 1990 epidemic were to unimmunized children four years old and younger.
- Nineteen out of 25 people hospitalized for pertussis in King County in 1995 were less than six months old.
- Infants ages six to seven months are at the peak age to get Hib disease.

Q: *Can my children catch up if they are behind on immunizations?*

A: Yes, but it is best to stay as close as possible to the recommended ages and intervals between doses. Until the entire vaccine series is received, the individual will not have the maximum amount of protection against the disease. If a child is behind on immunizations, a catch-up schedule can be determined by the child's doctor, nurse or clinic.

Immunization Facts

- Children should have 80 percent of their immunizations by age two.
- Infants are often more vulnerable to disease than older children and adults because their immune systems cannot easily fight off bacteria or virus. Often, the effects of disease are more serious in infants than in older children.
- Many vaccine-preventable diseases have no cure or treatment.
- A disease may not currently be present in a community, but disease outbreaks can and do occur in communities that are not protected.
- Ten serious childhood diseases are preventable. Among unimmunized populations of the world, 600,000 children die each year from pertussis (whooping cough). In 1995, King County had its highest level of pertussis cases — 251 — in 30 years.
- 55,000 cases of measles and 130 deaths were reported during the 1989-1991 measles epidemic in the U.S. Nearly half the deaths were of children under age two who had not been immunized. The biggest cause of the epidemic was failure to vaccinate children against measles on time — between 12 and 18 months of age.
- Immunizations save money. Vaccine-preventable diseases cost 16 times more in medical-related expenses than the vaccine that prevents the disease. The nationwide 1989-1991 measles outbreak caused 44,000 days of hospitalization resulting in \$100 million in direct medical costs. This does not include direct costs to families, such as lost days of work, school and child care.

Appendix D

Trade Names and Related Information for Selected Childhood Vaccines

Trade name	Vaccine(s)	Abbreviation	Manufacturer	Document separately as
Acel-Imune	DTaP		Wyeth-Lederle (WAL)	DTP
ActHIB	Hib	PRP-T	Aventis Pasteur	Hib
Certiva	DTaP		N. American Vaccines (NAV)	DTP
COMVAX	Hib-Hep B	PRP-OMP	Merck & Co., Inc. (MSD)	Hib and HBV
DAPTA Cel	DTaP		Aventis Pasteur	
DTP/Act HIB	DTP+Hib		Aventis Pasteur	DTP and Hib
Engreix-B	Hep B		GlaxoSmithKline	HBV
Havrix	Hep A		GlaxoSmithKline	Hep A
HibTITER	Hib	PRP-HbOC	Wyeth-Lederle (WAL)	Hib
Infanrix	DTaP		GlaxoSmithKline	DTP
OmniHIB	HIB	PRP-T	GlaxoSmithKline	Hib
Pediarix	DTaP, IPV, Hep B		GlaxoSmithKline	DTaP, IPV, Hep B
PedvaxHIB	Hib	PRP-OMPC	Merck & Co., Inc. (MSD)	Hib
Pentacel	Quadracel +ActHib	Penta	Aventis Canada	DTaP, IPV, Hib
Pentavalente (Quintuple)			Mexican	DTP, Hep B, Hib
Prevnar	Pneumococal Conjugate	PCV or PCV 7	Wyeth-Lederle (WAL)	Pneumonia
ProHIBiT	Hib	PRP-OMPC	Aventis Pasteur	Hib
Quadracel		Quad	Aventis Canada	DTaP, IPV
Recombivax	Hep B	HBV	Merck & Co., Inc. (MSD)	Hep B
Tetramune	Hib + DTP		Wyeth-Lederle (WAL)	Hib and DTP
TriHIBit	Hib+ DTaP		Aventis Pasteur	Hib and DTP
Tri-Immanol	DTP		Wyeth-Lederle (WAL)	DTP
Tripedia	DTaP		Aventis Pasteur	DTP
Twinrix	Hep B + Hep A		GlaxoSmithKline	Hep A, Hep B
VAQTA	Hep A		Merck & Co., Inc. (MSD)	Hep A
Varivax	Varicella	VAR	Merck & Co., Inc. (MSD)	Var (Chickenpox)

Foreign Language Guide to Vaccine-Preventable Diseases

The following foreign languages are among those you are most likely to encounter in working with non-native English speaking children. For additional foreign language translation assistance, contact the local American Red Cross, which can put you in touch with their language bank. Or contact the American Cultural Exchange, a nonprofit international education association, at (206)281-8200. Foreign language translation services typically charge a fee and work only from written documents.

	Diphtheria	Tetanus	Pertussis
Amharic	ደያፍቲሪያ	ቴታኑስ	ፐርተሲስ
Arabic	difteria		as'al addeekke
Cambodian	ខាន់ស្លាក់	តេតាណូស	ទីង្គកមាទ់
Chinese	白喉	破傷風	和百日咳
Creole	difteri	tetanòs	koklich
Czech	difterie	tetanus	pertuse
Danish	difteritis	stivkrampe	kighoste
Dutch	difterie	stijfkrimp	kinkhoest
Finnish	kurkkumata	jaykkakouristus	hinkuyska
French	diphtherie	tetanos	coqueluche
German	diphtherie	starrkrampf	keuchhusten
Hmong	kub cer	ua npuag	hawb pob
Italian	difterite	tetano	pertosse
Indonesian	difteri	tetanus	batuk rejan
Japanese	jifuteria	hashofu	hyakaseki
Korean	디프테리아	파상풍	백일해
Lao	ພະຍາດຄໍຕຶບ	ເທຕະໂນສ໌	ເປັນໄອຫິດ
Malay	sakit rengkong	tetanus	batok rejan
Norwegian	difteri	stivkrampe	kikhoste
Oromiffaa	difteeriyaa	cufaa	qakkee
Polish	dyfteria/blonica	tezec	koklusz
Portuguese	difteria	tetano	coqueluche
Romanian	difteriei	tetanosului	si tusei convulsive
Russian	Коклюш	Дифтерия	Столбняк (AKDC)
Serbo-Croatian	difterija	tetanus	hri povac
Slovak	difteria	tetanus	cierny kasel
Somali	cuno xanuun	taytano	kix
Spanish	difteria	tétano	tos ferina
Swedish	difteri	stelkramp	kikhosta
Tagalog	dipterya	tetano	pertusis
Tigrinia	ዲፕተርያ	ተታኑስ	ፐርተሲስ
Vietnamese	Bạch Hầu	Sài Uốn Ván	Ho Gà

	Measles	Mumps	Rubella
Amharic	ኩፍኝ	ጆሮ ፡ ደግፍ	የጆሮመን ፡ ኩፍኝ
Arabic	has'ba	athab	alhasiba
Cambodian	ក្រ្រៀល	ក្រៀងទ្រី	រីងស្កុច
Chinese	麻疹	腮腺炎	及風疹
Creole	laroujòl	malmouton	ribeyòl
Czech	spalnicky	parotitida	zardenky
Danish	meslinger	faaesyege	rode hunde
Dutch	mazelen	bof	rode hond
Finnish	tuhkarokko	sikotauti	vihurirokko
French	rougeole	oreillons	rubeole (ROR)
German	die masern	zei genpeler	roteln
Hmong	qhua pias	qog	qhua maj
Italian	morbillo	parotidite	rubeole
Indonesian	campak	beguk	biring peluh
Japanese	hashika	otafukukuaze	fushin
Korean	홍역	유행성 이하선염	루벨라
Lao	ໄຂ້ອອກພາກຜັດງ	ຄາງໄຂ້	ໄຂ້ຮູບລາ
Malay	sakit champak	penyakit bengok	
Norwegian	merlinger	kusma	rode hunder
Oromiffaa	gifira	gurra dhaabsis	gifira farangii
Polish	odra	swinka	rozyczka
Portuguese	sarampo	cachumba papeira	rubeola (MMR-VASPAR)
Romanian	pojarului	oreionului	si rubeolei
Russian	Корь	Свинка	Краснухо
Serbo-Croatian	ospice	zausnjaci	rubeola
Slovak	osypky	priusnica	ruzienka
Somali	jadeeco	qanja barar	jadeeco jarmalka
Spanish	sarampión	paperas	rubéola aleman
Swedish	masslingformerly	passjuka	roda hund
Tagalog	tigdas	beke	rubella
Tigrinia	ጎፍሶ	ጠዋይቶ	ጆሮመን ፡ ጎፍሶ
Vietnamese	Sởi	Quai Bị	Ban Đở

	Polio	Hepatitis
Amharic	ሻሊዮ	የወፍ ስሕተ
Arabic	shel'el	el safra
Cambodian	អាតស្មាបំអារៈយវៈ	អាតថ្លើមប្រភេទ B
Chinese	小兒麻痺症	乙型肝炎
Creole	polyo	epatit
Czech	poliomyelitis	hepatitida
Danish	bornelammelse	leverbetaendelse
Dutch	kinderverlamming	hepatitis
Finnish	lapsihalvaus	
French	poliomyelite	hepatite
German	kinderlahmung	hepatitis
Hmong	tuag tes tuag taw	kabmob siab hom B
Italian	poliomielite	epatite
Indonesian	penyakit lumpuh	radang hati
Japanese	sh niamahi	
Korean	소아마비	B 형 간염
Lao	ພະຍາດເປັນໄປ້ຍເປັນລ່ອຍ	ພະຍາດຕັບຜບບ B
Malay		
Norwegian	poliomyelitt	leverbetennelse
Oromiffaa	laamsheesaa	shimbiraa
Polish	paraliz dziecięcy	zapalenie wtroby
Portuguese	poliomielite (VAP)	hepatite
Romanian	poliomielitic	hepatitei
Russian	Полиомиелитом	Гепатит „Б“
Serbo-Croatian	djecija paraliza	zapaljenje
Slovak	polyomyelitida	hepatitida
Somali	duf	joonis
Spanish	polio	hepatitis
Swedish	polio	
Tagalog	polyo	hepatitis
Tigrinia	ሻሊዮ	ወፍ ስ
Vietnamese	Sốt Tê Liệt	Viêm Gan B

Routine Childhood Vaccines by Country

Country Name	BCG	DTP	Hepatitis B	Hib	Measles	Mumps	Rubella	MMR	Pol
Afghanistan	X	X			X				X
Albania	X	X			X				X
Algeria					X				X
American Samoa		X	X		X		X		X
Andorra									
Angola	X	X			X				X
Anguilla	X	X						X	X
Antigua Barbuda		X						X	X
Argentina	X	X			X				X
Armenia	X	X			X	X			X
Australia		X	X		X			X	X
Austria	X	X	X	X			X	X	X
Azerbaijan	X	X			X	X			X
Bahamas		X			X				X
Bahrain	X	X	X	X			X	X	X
Bangladesh	X	X							X
Barbados	X	X						X	X
Belarus	X	X			X	X			X
Belgium		X	X	X				X	X
Belize	X	X			X				X
Benin	X	X			X				X
Bermuda		X						X	X
Bhutan	X	X	X		X				X
Bolivia	X	X			X				X
Bosnia-Herzegovina	X	X						X	X
Botswana	X	X	X		X				X
Brazil	X	X			X				X
British Virgin Islands	X	X						X	X
Brunei	X	X	X		X				X
Bulgaria	X	X	X		X		X	X	X
Burkina Faso	X	X			X				
Burundi	X	X			X				X
C.N. Mariana Is.		X	X		X				X
Cambodia	X	X			X				X
Cameroon	X	X	X		X				X

Country Name	BCG	DTP	Hepatitis B	Hib	Measles	Mumps	Rubella	MMR	Pol
Canada		X						X	X
Cape Verde	X	X			X				X
Cayman Islands	X	X						X	X
Central African Republic	X	X			X				X
Chad	X	X			X				X
Chile	X	X						X	X
China	X	X			X			X	X
Columbia	X	X			X				X
Comoros	X	X			X				X
Congo	X	X			X				X
Cook Islands									
Costa Rica	X	X						X	X
Cote d'Ivoire	X	X			X				X
Croatia	X	X			X		X	X	X
Cuba	X	X						X	X
Cyprus		X	X					X	X
Czech Republic	X	X	X		X	X	X		X
Dem. P. Rep. of Korea	X	X	X		X				X
Dem. Rep. of Congo	X	X			X				X
Denmark		X	X	X				X	X
Djibouti	X	X	X		X				X
Dominica	X	X					X	X	X
Dominican Republic	X	X			X				X
Ecuador	X	X			X				X
Egypt	X	X	X		X				X
El Salvador	X	X			X				X
Equatorial Guinea	X	X			X				X
Eritrea	X	X			X				X
Estonia	X	X			X	X	X		X
Ethiopia	X	X			X				X
F. States Micronesia	X	X	X		X				X
Fiji	X	X	X		X		X		X
Finland	X	X	X	X				X	X
Form. Yug. Rep. Mac.	X	X	X		X	X	X		X
France	X	X	X	X	X	X	X	X	X
French Guiana									
French Polynesia	X	X	X		X		X		X

Country Name	BCG	DTP	Hepatitis B	Hib	Measles	Mumps	Rubella	MMR	Pol
Gabon	X	X	X		X				X
Gambia	X	X	X		X				X
Georgia	X	X	X		X	X			X
Germany	X	X	X	X			X	X	X
Ghana	X	X			X				X
Greece	X	X	X					X	X
Grenada		X			X		X		X
Guadeloupe									
Guam		X						X	X
Guatemala	X	X			X				X
Guinea	X	X			X				X
Guinea-Bissau	X	X			X				X
Guyana	X	X			X				X
Haiti									
Honduras	X	X	X		X				X
Hong Kong	X	X	X				X	X	X
Hungary	X	X	X		X			X	X
Iceland		X	X	X			X	X	X
India	X	X			X				X
Indonesia	X	X	X		X				X
Iran	X	X	X		X				X
Iraq	X	X	X		X		X	X	X
Ireland	X	X	X	X				X	X
Israel	X	X	X		X		X	X	X
Italy		X	X				X	X	X
Jamaica	X	X					X	X	X
Japan	X	X	X		X				X
Jordan		X	X		X				X
Kazakhstan	X	X			X	X			X
Kenya	X	X	X		X				X
Kiribati	X	X			X				X
Korea	X	X	X					X	X
Kuwait	X	X	X	X	X		X	X	X
Kyrgyzstan	X	X	X		X	X			X
Loa People's Dem Rep	X	X			X				X
Latvia	X	X						X	X
Lebanon		X	X		X			X	X

Country Name	BCG	DTP	Hepatitis B	Hib	Measles	Mumps	Rubella	MMR	Pol
Lesotho	X	X			X				X
Liberia	X	X			X				X
Libyan Arab J.	X	X	X		X			X	X
Lithuania	X	X			X	X	X		X
Luxembourg	X	X	X	X				X	X
Macao	X	X	X				X		X
Madagascar	X	X			X				X
Malawi	X	X			X				X
Malaysia	X	X	X		X				X
Maldives	X	X	X		X				X
Mali	X	X			X				X
Malta	X	X	X					X	X
Marshall Islands	X	X	X		X				X
Martinique									
Mauritius	X	X			X				X
Mexico	X	X			X				X
Monaco									
Mongolia	X	X	X		X				X
Montserrat	X	X						X	X
Morocco	X	X			X				X
Mozambique	X	X			X				X
Myanmar	X	X			X				X
Namibia	X	X			X				X
Nauru									
Nepal	X	X			X				X
Netherlands	X	X	X	X				X	X
Netherlands Antilles									
New Calidonia									
New Zealand		X	X		X		X	X	X
Nicaragua	X	X			X				X
Niger	X	X			X				X
Nigeria	X	X	X		X				X
Niue	X	X	X		X				X
Norway	X	X	X	X				X	X
Oman	X	X	X		X			X	X
Pakistan	X	X	X		X				X
Palau		X	X		X			X	X

Country Name	BCG	DTP	Hepatitis B	Hib	Measles	Mumps	Rubella	MMR	Pol
Panama	X	X			X			X	X
Papua New Guinea	X	X	X		X				X
Paraguay	X	X			X				X
Peru	X	X			X				X
Philippines	X	X	X		X				X
Poland	X	X	X		X		X		X
Portugal	X	X	X					X	X
Puerto Rico									
Qatar	X	X	X	X	X		X	X	X
Republic of Korea	X	X	X		X				X
Republic of Moldova	X	X	X		X	X			X
Reunion									
Romania	X	X	X		X				X
Russian Federation	X	X			X	X			X
Rwanda	X	X			X				X
Saint Helena									
Saint Kitts and Nevis	X	X						X	X
Saint Lucia	X	X						X	X
Saint Vincent	X	X						X	X
Samoa	X	X	X		X				X
San Marino									
Sao Tome & Principe	X	X			X				X
Saudia Arabia	X	X	X		X			X	X
Senegal	X	X			X				X
Seychelles	X	X			X				X
Sierra Leone	X	X			X				X
Singapore	X	X	X					X	X
Slovakia	X	X	X					X	X
Slovenia	X	X	X				X	X	X
Solomon Islands	X	X	X		X				X
Somalia	X	X			X				X
South Africa	X	X	X		X				X
Spain		X	X					X	X
Sri Lanka	X	X			X		X		X
Sudan	X	X			X				X
Suriname		X			X				X
Swaziland	X	X	X		X				X

Country Name	BCG	DTP	Hepatitis B	Hib	Measles	Mumps	Rubella	MMR	Pol
Sweden	X	X	X	X				X	X
Switzerland	X	X	X	X				X	X
Syrian Arab Republic	X	X	X		X				X
Taiwan	X	X	X		X			X	X
Tajikistan	X	X			X	X			X
Thailand	X	X	X		X				X
Togo	X	X			X				X
Tokelau	X	X			X				X
Tonga	X		X		X				X
Trinidad & Tobago		X						X	X
Tunisia	X	X	X		X			X	X
Turkey	X	X			X				X
Turkmenistan	X	X			X	X			X
Turks and Caicos Is.	X	X					X	X	X
Tuvalu	X	X	X		X				X
Uganda	X	X	X		X				X
UK	X		X	X	X		X	X	X
Ukraine	X	X			X	X			X
United Arab Emirates	X	X	X		X		X	X	X
United Rep. Tanzania	X	X			X				X
UNRWA	X	X	X		X		X	X	X
Uruguay	X	X						X	X
USA		X	X	X				X	X
Uzbekistan	X	X			X	X			X
Vanuatu	X	X	X		X				X
Venezuela	X	X			X				X
Vietnam	X	X			X				X
Virgin Islands US									
Wallis & Futuna Is.	X	X							
Yemen	X	X			X				X
Yugoslavia									
Zambia	X	X			X				X
Zimbabwe	X	X	X		X				X

This summary is from the World Health Organization's EPI Information System Global Summary, September 1998.
Website for Asian Regional Immunization Schedules: www.pid-asia/html/immunization_schedule.htm

Immunization Resources

A lot of excellent materials have been developed around the issue of childhood immunization. The list on the following page is by no means complete! It includes forms, brochures, posters, and booklets that, unless otherwise noted, are produced by the Washington State Department of Health and are free. To order DOH materials email at: immunematerials@doh.wa.gov or FAX toll-free 1-866-630-2691. Whenever possible, we have included phone numbers for ordering materials that are not produced by DOH.

Your local health jurisdiction can be a great resource when it comes to immunization. The staff has hands-on experience and technical expertise in the field. Just as important, staff members can “brainstorm” with you about how to reach parents and children in your unique community. The telephone numbers and addresses of Washington health jurisdictions can be found on page **A-21**.

DOH Immunization program website address is: www.doh.wa.gov/cfh/immunize.

Is Your Baby Protected? fact sheet and schedule. Produced by DOH and CHILD Profile.

Keep on Track. Kit with pamphlets, brochures, charts, buttons and stickers for tracking childhood immunizations. Produced by SAFECO. For more information call 206-545-6279.

Adult Immunizations brochure.

Baby Book, available in English, Spanish, Russian, Korean, Chinese, Somali and Vietnamese. Produced by Healthy Mothers, Healthy Babies Coalition of Washington. Order by calling 1-800-322-2588.

Hepatitis B — How to Protect Your Baby, available in English, Spanish, Cambodian, Chinese, Japanese, Laotian, Korean, Romanian, Russian, Samoan, Ukrainian, Vietnamese, and Thai. Order by email at immunematerials@doh.wa.gov.

Hepatitis B brochure for refugees and immigrants. Separate brochure for teens. Produced by the IAC. Order by email at immunematerials@doh.wa.gov.

Hepatitis B Shots Now Recommended for All New Babies brochure available in English and Spanish. Co-produced by DOH Immunization Program and the IAC. Order by email at immunematerials@doh.wa.gov.

What Asians & Pacific Islanders Need to Know about Hepatitis B available in English, Chinese, Cambodian, Korean, Laotian, Samoan, Tagalog, and Vietnamese. Order by email at: immunematerials@doh.wa.gov.

Why Are Immunizations Important? Brochure produced by the Department of Health. Order by email at: immunematerials@doh.wa.gov.

**WASHINGTON STATE
DEPARTMENT OF HEALTH
IMMUNIZATION MATERIALS ORDER FORM**
for SCHOOLS, PRESCHOOLS & CHILDCARE FACILITIES

MAIL TO: DEPT OF HEALTH DISTRIBUTION CENTER

7745-C ARAB DR. SE

P.O. BOX 47845

OLYMPIA, WA 98504-7845

WEBSITE: <http://www.doh.wa.gov/cfh/immunize/>

EMAIL ORDER TO: immunematerials@doh.wa.gov

FAX ORDER TO: (360) 664-2929

Questions - PHONE: (360) 586-9046

Sept 2003

REQUESTING ORGANIZATION: _____

SHIPPING ADDRESS: (STREET) _____

(PLEASE - NO P.O. BOXES)

CITY: _____ **STATE:** _____ **ZIP:** _____ **ORDER DATE:** _____

ATTENTION: _____ **PHONE: (_____)** _____

The following immunization materials are available free of charge from the
Washington State Department of Health's Immunization Program:

FORM #	REVISED	TITLE	QUANTITY
348-001	03/01	LIFETIME IMMUNIZATION (SHOT) RECORD / WITH PLASTIC SLEEVES	
348-013	02/99	CERTIFICATE OF IMMUNIZATION STATUS FORM (CIS) (ENGLISH)	
348-013-SP	05/99	CERTIFICATE OF IMMUNIZATION STATUS FORM (CIS) (SPANISH)	
Schedule	2003	CURRENT CHILDHOOD IMMUNIZATION SCHEDULE (8-1/2" X 11" SHEET)	
348-029	04/97	INFECTIOUS DISEASE CONTROL GUIDE (Limit of 10)	Being Revised
348-043	03/02	IMMUNIZATION MANUAL FOR SCHOOLS, CHILDCARES & PRESCHOOLS (86 - Pages) Limit 1 - If you need more than 1 School Manual, please download a copy at www.doh.wa.gov/cfh/immunize/documents/schmanul.pdf	
348-051	01/03	MINIMUM VACCINES REQUIRED FOR SCHOOL ATTENDANCE (8-1/2 X 11 HANDOUT)	
348-053	12/02	MINIMUM VACCINES REQUIRED FOR DAYCARE / PRESCHOOL (8-1/2 X 11 HANDOUT)	
348-073	11/00	IMMUNIZE AT ALL AGES INSERTS	
348-075	09/01	IMMUNIZE AT ALL AGES BROCHURE	
348-080	2002	PLAIN TALK ABOUT CHILDHOOD IMMUNIZATIONS (BOOKLET - MAX ORDER =25)	
348-081	2000	PLAIN TALK ABOUT CHILDHOOD IMMUNIZATIONS (SPANISH) - MAX ORDER =25)	
348-088	2003	IS YOUR BABY PROTECTED? THE FACTS ABOUT CHILDHOOD IMMUNIZATION (ENG)	
348-088	2003	IS YOUR BABY PROTECTED? THE FACTS ABOUT CHILDHOOD IMMUNIZATION (SPAN)	

POSTERS

Schedule	2003	CURRENT CHILDHOOD IMMUNIZATION SCHEDULE (SIZE 11 X 17 POSTER)	
348-026	12/02	MINIMUM VACCINES REQUIRED FOR DAYCARE / PRESCHOOL (SIZE 11 X 17 POSTER)	
348-027	01/03	MINIMUM VACCINES REQUIRED FOR SCHOOL ATTENDANCE (SIZE 11 X 17 POSTER)	
348-074	11/00	IMMUNIZE AT ALL AGES (LARGE POSTER 16" X 20")	
348-076	03/02	IMMUNIZE AT ALL AGES (SMALL POSTER 11" X 14")	

NOTE: PLEASE ALLOW UP TO 3 WEEKS FOR DELIVERY

Local Health Jurisdictions: Addresses and Phone Numbers

Adams County Health District 108 West Main, Ritzville 99169; phone (509)659-3315

Asotin County Health District 431 Elm, Clarkston 99403; phone (509)758-3344

Benton-Franklin Health District 471 Williams Boulevard, Richland 99352-3520;
phone (509)943-2614

Bremerton-Kitsap County Health District 109 Austin Drive, Bremerton 98312;
phone (360)337-5235

Chelan-Douglas Health District 200 Valley Mall Parkway, East Wenatchee 98802;
phone (509)886-6400

Clallam County Health and Human Services Department 223 East Fourth Street,
Port Angeles 98362-0149; phone (360)417-2274

Columbia County Health District 1010 South Third, Dayton 99328; phone (509)382-2181

Cowlitz County Health Department 1952 Ninth Avenue, Longview 98632;
phone (360)414-5599

Garfield County Health District 10th and Columbia, P.O. Box 130, Pomeroy 99347;
phone (509)843-3412

Grant County Health District Courthouse, 35 C Street NW, P.O. Box 37,
Ephrata 98823; phone (509)754-6060

Grays Harbor Health Department 2109 Sumner Avenue, Suite 100, Aberdeen 98520;
phone (360)532-8665

Island County Health Department P.O. Box 5000, 6th and Main Streets, Coupeville 98239;
phone (360)679-7350; toll-free (800)831-2678 ext.400

Jefferson County Health and Human Services Castle Hill Center, 615 Sheridan Street,
Port Townsend 98368; phone (360)385-9400

Kittitas County Health Department 507 Nanum Street, Ellensburg 98926-2898;
phone (509)962-7515

Klickitat County Health Department 228 West Main Street, MSCH-14, Goldendale 98620;
phone (509)773-4565

Lewis County Health Department Health Services Building, 360 NW North Street, MS:HSD03,
Chehalis 98532-1900; phone (360)740-1223; toll-free, public use only, (800)562-6130

Lincoln County Health Department 90 Nicholls Street, Davenport 99122-9729;
phone (509)725-2501

Mason County Department of Health Services 303 North Fourth, Building 4, Shelton 98584;
phone (360)427-9670 ext.400

Northeast Tri-County Health District (Ferry, Pend Oreille and Stevens counties)
240 E. Dominion, P.O. Box 270, Colville 99114-0270; phone (509)684-5048;
toll-free (800)827-3218

Okanogan County Health District 1234 South 2nd Avenue, P.O. Box 231, Okanogan 98840; phone (509)422-7140

Pacific County Health Department 1216 West Robert Bush Drive, P.O. Box 26, South Bend 98586; phone (360)875-9343

San Juan County Health and Community Services 145 Rhone Street, P.O. Box 607, Friday Harbor 98250-0607; phone (360)378-4474

Public Health Seattle-King County 999 Third Avenue, Suite 900, Seattle 98104-4099; phone (206)296-4600

Skagit County Health Department Courthouse Administration Building, Room 301, 700 South Second Street, Mount Vernon 98273-3864; phone (360)336-9380

Snohomish Health District 3020 Rucker Avenue, Suite 203, Everett 98201-3971; phone (425)339-5210

Southwest Washington Health District (Clark and Skamania counties)
2000 Fort Vancouver Way, P.O. Box 1870, Vancouver 98663; phone (360)397-8215

Spokane County Health District West 1101 College Avenue, Spokane 99201-2095; phone (509)324-1500; toll-free (888)535-0597

Tacoma-Pierce County Health Department 3629 South D Street, Tacoma 98418-6813; phone (253)798-6500

Thurston County Health Department 412 Lilly Road NE, Olympia 98506; phone (360)786-5581

Wahkiakum County Health Department 64 Main Street, P.O. Box 696, Cathlamet 98612; phone (360)795-6207

Walla Walla County-City Health Department 310 West Poplar, P.O. Box 1753, Walla Walla 99362-0346; phone (509)527-3290

Whatcom County Health Department 509 Girard Street, P.O. Box 935, Bellingham 98227-0935; phone (360)676-6720

Whitman County Health Department Public Service Building, North 310 Main Street, Colfax 99111; phone (509)397-6280

Yakima Health District 104 North First Street, Yakima 98901-2667; phone (509)575-4040; toll-free (800)535-5016

American Indian Health Commission 1033 Old Blyn Highway, Sequim 98382; phone (360)683-1109

Revised Code of Washington: Immunization Law

RCW 18.36A.040 Scope of practice. Naturopathic medicine or naturopathy is the practice by naturopaths of the art and science of the diagnosis, prevention, and treatment of disorders of the body by stimulation or support, or both, of the natural processes of the human body. A naturopath is responsible and accountable to the consumer for the quality of naturopathic care rendered.

The practice of naturopathy includes manual manipulation (mechanotherapy), the prescription, administration, dispensing, and use, except for the treatment of malignancies or neoplastic disease, of nutrition and food science, physical modalities, homeopathy, certain medicines of mineral, animal, and botanical origin, hygiene and immunization, common diagnostic procedures, and suggestion; however, nothing in this chapter shall prohibit consultation and treatment of a patient in concert with a practitioner licensed under chapter 18.57 or 18.71 RCW. No person licensed under this chapter may employ the term “chiropractic” to describe any services provided by a naturopath under this chapter. [1991 c 3 § 89; 1988 c 246 § 1; 1987 c 447 § 3.]

RCW Chapter 28A.210 Health-Screening and Requirements Sections

28A.210.010	Contagious diseases, limiting contact—Rules and regulations.
28A.210.020	Visual and auditory screening of pupils—Rules and regulations.
28A.210.030	Visual and auditory screening of pupils—Record of screening—Forwarding of records, recommendations and data.
28A.210.040	Visual and auditory screening of pupils—Rules and regulations, forms used in screenings, distribution.
28A.210.060	Immunization program—Purpose.
28A.210.070	Immunization program—Definitions.
28A.210.080	Immunization program—Attendance of child conditioned upon presentation of alternative proofs.
28A.210.090	Immunization program—Exemptions from on presentation of alternative certifications.
28A.210.100	Immunization program—Source of immunizations—Written records.
28A.210.110	Immunization program—Administrator’s duties upon receipt of proof of immunization or certification of exemption.
28A.210.120	Immunization program—Prohibiting child’s presence, when—Notice to parent, guardian or adult in loco parentis, contents.
28A.210.130	Immunization program—Superintendent of public instruction to provide information.
28A.210.140	Immunization program—State board of health rules, contents.
28A.210.150	Immunization program—Superintendent of public instruction by rule to adopt procedures for verifying records.
28A.210.160	Immunization program—State board of education rules, contents.
28A.210.170	Immunization program—Department of social and health services’ rules, contents.

Notes:

State board of health: Chapter 43.20 RCW.

RCW 28A.210.010 Contagious diseases, limiting contact—Rules and regulations. The state board of health, after consultation with the superintendent of public instruction, shall adopt reasonable rules and regulations regarding the presence of persons on or about any school premises who have, or who have been exposed to, contagious diseases deemed by the state board of health as dangerous to the public health. Such rules and regulations shall specify reasonable and precautionary procedures as to such presence and/or readmission of such persons and may include the requirement for a certificate from a licensed physician that there is no danger of contagion. The superintendent of public instruction shall print and distribute the rules and regulations of the state board of health above provided to appropriate school officials and personnel. [1971 c 32 § 1; 1969 ex.s. c 223 § 28A.31.010. Prior: 1909 c 97 p 262 § 5; RRS § 4689; prior: 1897 c 118 § 68; 1890 p 372 § 47. Formerly RCW 28A.31.010, 28.31.010.]

RCW 28A.210.020 Visual and auditory screening of pupils—Rules and regulations. Every board of school directors shall have the power, and it shall be its duty to provide for and require screening for the visual and auditory acuity of all children attending schools in their districts to ascertain which if any of such children have defects sufficient to retard them in their studies. Auditory and visual screening shall be made in accordance with procedures and standards adopted by rule or regulation of the state board of health. Prior to the adoption or revision of such rules or regulations the state board of health shall seek the recommendations of the superintendent of public instruction regarding the administration of visual and auditory screening and the qualifications of persons competent to administer such screening. [1971 c 32 §2; 1969 ex.s. c 223 § 28A.31.030. Prior: 1941 c 202 § 1; Rem. Supp. 1941 §4689-1. Formerly RCW 28A.31.030, 28.31.030.]

RCW 28A.210.030 Visual and auditory screening of pupils—Record of screening—Forwarding of records, recommendations and data. The person or persons completing the screening prescribed in RCW 28A.210.020 shall promptly prepare a record of the screening of each child found to have, or suspected of having, reduced visual and/or auditory acuity in need of attention, including the special education services provided by RCW 28A.155.010 through 28A.155.100, and send copies of such records and recommendations to the parents or guardians of such children and shall deliver the original records to the appropriate school official who shall preserve such records and forward to the superintendent of public instruction and the secretary of health visual and auditory data as requested by such officials. [1991 c 3 § 289; 1990 c 33 § 188; 1971 c 32 § 3; 1969 ex.s. c 223 § 28A.31.040. Prior: 1941 c 202 § 2; Rem. Supp. 1941 § 4689-2. Formerly RCW 28A.31.040, 28.31.040.]

RCW 28A.210.040 Visual and auditory screening of pupils—Rules and regulations, forms used in screenings, distribution. The superintendent of public instruction shall print and distribute to appropriate school officials the rules and regulations adopted by the state board of health pursuant to RCW 28A.210.020 and the recommended records and forms to be used in making and reporting such screenings. [1990 c 33 § 189; 1973 c 46 § 1. Prior: 1971 c 48 § 12; 1971 c 32 § 4; 1969 ex.s. c 223 § 28A.31.050; prior: 1941 c 202 § 3; RRS § 4689-3. Formerly RCW 28A.31.050, 28.31.050.]

Notes:

Severability—1973 c 46: “If any provision of this 1973 amendatory act, or its application to any person or circumstance is held invalid, the remainder of the act, or the application of the provision to other persons or circumstances is not affected.” [1973 c 46 § 5.]

Severability—1971 c 48: See note following RCW 28A.305.040.

RCW 28A.210.060 Immunization program—Purpose. In enacting RCW 28A.210.060 through 28A.210.170, it is the judgment of the legislature that it is necessary to protect the health of the public and individuals by providing a means for the eventual achievement of full immunization of school-age children against certain vaccine-preventable diseases. [1990 c 33 § 190; 1984 c 40 § 3; 1979 ex.s. c 118 § 1. Formerly RCW 28A.31.100.]

Notes:

Severability—1984 c 40: See note following RCW 28A.195.050.

Effective date—1979 ex.s. c 118: “This act is necessary for the immediate preservation of the public peace, health, and safety, the support of the state government and its existing public institutions, and shall take effect on September 1, 1979.” [1979 ex.s. c 118 § 13.]

Severability—1979 ex.s. c 118: “If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.” [1979 ex.s. c 118 § 16.]

Immunization plan: RCW 43.70.525.

RCW 28A.210.070 Immunization program—Definitions. As used in RCW 28A.210.060 through 28A.210.170:

(1) “Chief administrator” shall mean the person with the authority and responsibility for the immediate supervision of the operation of a school or day care center as defined in this section or, in the alternative, such other person as may hereafter be designated in writing for the purposes of RCW 28A.210.060 through 28A.210.170 by the statutory or corporate board of directors of the school district, school, or day care center or, if none, such other persons or person with the authority and responsibility for the general supervision of

the operation of the school district, school or day care center.

(2) “Full immunization” shall mean immunization against certain vaccine-preventable diseases in accordance with schedules and with immunizing agents approved by the state board of health.

(3) “Local health department” shall mean the city, town, county, district or combined city-county health department, board of health, or health officer which provides public health services.

(4) “School” shall mean and include each building, facility, and location at or within which any or all portions of a preschool, kindergarten and grades one through twelve program of education and related activities are conducted for two or more children by or in behalf of any public school district and by or in behalf of any private school or private institution subject to approval by the state board of education pursuant to RCW 28A.305.130(6), 28A.195.010 through 28A.195.050, and 28A.410.120.

(5) “Day care center” shall mean an agency which regularly provides care for a group of thirteen or more children for periods of less than twenty-four hours and is licensed pursuant to chapter 74.15 RCW.

(6) “Child” shall mean any person, regardless of age, in attendance at a public or private school or a licensed day care center. [1990 c 33 § 191; 1985 c 49 § 2; 1984 c 40 § 4; 1979 ex.s. c 118 § 2. Formerly RCW 28A.31.102.]

Notes:

Severability—1984 c 40: See note following RCW 28A.195.050.

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

RCW 28A.210.080 Immunization program—Attendance of child conditioned upon presentation of alternative proofs.

The attendance of every child at every public and private school in the state and licensed day care center shall be conditioned upon the presentation before or on each child’s first day of attendance at a particular school or center, of proof of either (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the state board of health, or (3) a certificate of exemption as provided for in RCW 28A.210.090. The attendance at the school or the day care center during any subsequent school year of a child who has initiated a schedule of immunization shall be conditioned upon the presentation of proof of compliance with the schedule on the child’s first day of attendance during the subsequent school year. Once proof of full immunization or proof of completion of an approved schedule has been presented, no further proof shall be required as a condition to attendance at the particular school or center. [1990 c 33 § 192; 1985 c 49 § 1; 1979 ex.s. c 118 § 3. Formerly RCW 28A.31.104.]

Notes:

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

RCW 28A.210.090 Immunization program—Exemptions from on presentation of alternative certifications. Any child shall be exempt in whole or in part from the immunization measures required by RCW 28A.210.060 through 28A.210.170 upon the presentation of any one or more of the following, on a form prescribed by the department of health:

(1) A written certification signed by any physician licensed to practice medicine pursuant to chapter 18.71 or 18.57 RCW that a particular vaccine required by rule of the state board of health is, in his or her judgment, not advisable for the child: PROVIDED, That when it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine;

(2) A written certification signed by any parent or legal guardian of the child or any adult in loco parentis to the child that the religious beliefs of the signator are contrary to the required immunization measures; and

(3) A written certification signed by any parent or legal guardian of the child or any adult in loco parentis to the child that the signator has either a philosophical or personal objection to the immunization of the child. [1991 c 3 § 290; 1990 c 33 § 193; 1984 c 40 § 5; 1979 ex.s. c 118 § 4. Formerly RCW 28A.31.106.]

Notes:

Severability—1984 c 40: See note following RCW 28A.195.050.

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

RCW 28A.210.100 Immunization program—Source of immunizations—Written records. The immunizations required by RCW 28A.210.060 through 28A.210.170 may be obtained from any private or public source desired: PROVIDED, That the immunization is administered and records are made in accordance with the regulations of the state board of health. Any person or organization administering immuniza-

tions shall furnish each person immunized, or his or her parent or legal guardian, or any adult in loco parentis to the child, with a written record of immunization given in a form prescribed by the state board of health. [1990 c 33 § 194; 1984 c 40 § 7; 1979 ex.s. c 118 § 6. Formerly RCW 28A.31.110.]

Notes:

Severability—1984 c 40: See note following RCW 28A.195.050.

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

RCW 28A.210.110 Immunization program—Administrator’s duties upon receipt of proof of immunization or certification of exemption. A child’s proof of immunization or certification of exemption shall be presented to the chief administrator of the public or private school or day care center or to his or her designee for that purpose. The chief administrator shall:

- (1) Retain such records pertaining to each child at the school or day care center for at least the period the child is enrolled in the school or attends such center;
- (2) Retain a record at the school or day care center of the name, address, and date of exclusion of each child excluded from school or the center pursuant to RCW 28A.210.120 for not less than three years following the date of a child’s exclusion;
- (3) File a written annual report with the department of health on the immunization status of students or children attending the day care center at a time and on forms prescribed by the department of health; and
- (4) Allow agents of state and local health departments access to the records retained in accordance with this section during business hours for the purposes of inspection and copying. [1991 c 3 § 291; 1990 c 33 § 195; 1979 ex.s. c 118 § 7. Formerly RCW 28A.31.112.]

Notes:

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

RCW 28A.210.120 Immunization program—Prohibiting child’s presence, when—Notice to parent, guardian or adult in loco parentis, contents. It shall be the duty of the chief administrator of every public and private school and day care center to prohibit the further presence at the school or day care center for any and all purposes of each child for whom proof of immunization, certification of exemption, or proof of compliance with an approved schedule of immunization has not been provided in accordance with RCW 28A.210.080 and to continue to prohibit the child’s presence until such proof of immunization, certification of exemption, or approved schedule has been provided. The exclusion of a child from a school shall be accomplished in accordance with rules of the state board of education. The exclusion of a child from a day care center shall be accomplished in accordance with rules of the department of social and health services. Prior to the exclusion of a child, each school or day care center shall provide written notice to the parent(s) or legal guardian(s) of each child or to the adult(s) in loco parentis to each child, who is not in compliance with the requirements of RCW 28A.210.080. The notice shall fully inform such person(s) of the following: (1) The requirements established by and pursuant to RCW 28A.210.060 through 28A.210.170; (2) the fact that the child will be prohibited from further attendance at the school unless RCW 28A.210.080 is complied with; (3) such procedural due process rights as are hereafter established pursuant to RCW 28A.210.160 and/or 28A.210.170, as appropriate; and (4) the immunization services that are available from or through the local health department and other public agencies. [1990 c 33 § 196; 1985 c 49 § 3; 1984 c 40 § 8; 1979 ex.s. c 118 § 8. Formerly RCW 28A.31.114.]

Notes:

Severability—1984 c 40: See note following RCW 28A.195.050.

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

RCW 28A.210.130 Immunization program—Superintendent of public instruction to provide information. The superintendent of public instruction shall provide for information about the immunization program and requirements under RCW 28A.210.060 through 28A.210.170 to be widely available throughout the state in order to promote full use of the program. [1990 c 33 § 197; 1985 c 49 § 4. Formerly RCW 28A.31.115.]

RCW 28A.210.140 Immunization program—State board of health rules, contents. The state board of health shall adopt and is hereby empowered to adopt rules pursuant to chapter 34.05 RCW which establish the procedural and substantive requirements for full immunization and the form and substance of

the proof thereof, to be required pursuant to RCW 28A.210.060 through 28A.210.170. [1990 c 33 § 198; 1984 c 40 § 9; 1979 ex.s. c 118 § 9. Formerly RCW 28A.31.116.]

Notes:

Severability—1984 c 40: See note following RCW 28A.195.050.

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

RCW 28A.210.150 Immunization program—Superintendent of public instruction by rule to adopt procedures for verifying records. The superintendent of public instruction by rule shall provide procedures for schools to quickly verify the immunization records of students transferring from one school to another before the immunization records are received. [1985 c 49 § 5. Formerly RCW 28A.31.117.]

RCW 28A.210.160 Immunization program—State board of education rules, contents. The state board of education shall and is hereby empowered to adopt rules pursuant to chapter 34.05 RCW which establish the procedural and substantive due process requirements governing the exclusion of children from public and private schools pursuant to RCW 28A.210.120. [1990 c 33 § 199; 1979 ex.s. c 118 § 10. Formerly RCW 28A.31.118.]

Notes:

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

RCW 28A.210.170 Immunization program—Department of social and health services' rules, contents. The department of social and health services shall and is hereby empowered to adopt rules pursuant to chapter 34.05 RCW which establish the procedural and substantive due process requirements governing the exclusion of children from day care centers pursuant to RCW 28A.210.120. [1990 c 33 § 200; 1979 ex.s. c 118 § 11. Formerly RCW 28A.31.120.]

Notes:

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

Washington Administrative Code: Immunization Regulations

WAC 180-38 Pupils—Immunization Requirement Sections

180-38-005	Authority.
180-38-010	Purpose.
180-38-020	Definition—Student.
180-38-025	Definition—Chief administrator.
180-38-030	Definition—Full immunization.
180-38-035	Definition—Schedule of immunization.
180-38-040	Definition—Certificate of exemption.
180-38-045	Attendance condition upon compliance.
180-38-050	Notice prior to exclusions from school.
180-38-055	Public schools—Content of written notice.
180-38-060	Private schools—Content of written notice.
180-38-065	Exclusion of students for failure to comply.
180-38-070	Supplementing rules of SPI.

WAC 180-38-005 Authority. The authority for this chapter is RCW 28A.210.160 which authorizes the state board of education to adopt rules which establish the procedural and substantive due process requirements governing the exclusion of students from public and private schools for failure to comply with the immunization requirement of the state of Washington. [Statutory Authority: 1990 c 33. 90-17-009, § 180-38-005, filed 8/6/90, effective 9/6/90. Statutory Authority: RCW 28A.31.118. 85-20-040 (Order 20-85), § 180-38-005, filed 9/25/85.]

WAC 180-38-010 Purpose. The purpose of this chapter is to establish the procedural and substantive due process requirements governing the exclusion of students from public and private schools for failure to comply with the immunization requirement of the state of Washington. [Statutory Authority: RCW 28A.31.118. 85-20-040 (Order 20-85), §180-38-010, filed 9/25/85.]

WAC 180-38-020 Definition—Student. As used in this chapter, the term “student” shall mean the same as defined for “child” in WAC 248-100-163(1)(f) by the state board of health. [Statutory Authority: RCW 28A.31.118. 85-20-040 (Order 20-85), §180-38-020, filed 9/25/85.]

WAC 180-38-025 Definition—Chief administrator. As used in this chapter, the term “chief administrator” shall mean the same as defined in RCW 28A.210.070(1), to wit: “‘Chief administrator’ shall mean the person with the authority and responsibility for the immediate supervision of the operation of a school . . . or, in the alternative, such other person as may hereafter be designated in writing for the purposes of . . . [this chapter] by the statutory or corporate board of directors of the school district, school . . . or, if none, such other persons or person with the authority and responsibility for the general supervision of the operation of the school district, [or] school” This definition of chief administrator is unique to this chapter and in application may or may not include the principal or headmaster of a school depending on the degree of authority delegated to such principal or headmaster and whether the responsibility has been delegated to another school official. [Statutory Authority: 1990 c 33. 90-17-009, § 180-38-025, filed 8/6/90, effective 9/6/90. Statutory Authority: RCW 28A.31.118. 85-20-040 (Order 20-85), § 180-38-025, filed 9/25/85.]

Notes:

Reviser’s note: The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency and appear herein pursuant to the requirements of RCW 34.08.040.

WAC 180-38-030 Definition—Full immunization. As used in this chapter, the term “full immunization” shall mean the same as defined in RCW 28A.210.070(2), to wit: “‘Full immunization’ shall mean immunization against certain vaccine-preventable diseases in accordance with schedules and with immunizing agents approved by the state board of health.” This definition of full immunization is unique to this chapter and includes immunization only against diseases as required by rules of the state board of health. [Statutory Authority: 1990 c 33. 90-17-009, § 180-38-030, filed 8/6/90, effective 9/6/90. Statutory Authority: RCW 28A.31.118. 85-20-040 (Order 20-85), § 180-38-030, filed 9/25/85.]

WAC 180-38-035 Definition—Schedule of immunization. For the purpose of this chapter, the term “schedule of immunization” shall mean the beginning or continuing of a course of immunization prescribed by the state board of health. [Statutory Authority: RCW 28A.31.118. 85-20-040 (Order 20-85), §180-38-035, filed 9/25/85.]

WAC 180-38-040 Definition—Certificate of exemption. As used in this chapter, the term “certificate of exemption” shall mean the filing with the chief administrator of the school, on a form prescribed by the department of social and health services, which complies with RCW 28A.210.090, to wit:

(1) A written certification signed by any physician licensed to practice medicine pursuant to chapter 18.71 or 18.57 RCW that a particular vaccine required by rule of the state board of health is, in his or her judgment, not advisable for the . . . [student]: *Provided*, That when it is determined that this particular vaccine is no longer contraindicated, the . . . [student] will be required to have the vaccine; or

(2) A written certification signed by any parent or legal guardian of the . . . [student] or any adult in loco parentis to the . . . [student] that the religious beliefs of the signator are contrary to the required immunization measures; or

(3) A written certification signed by any parent or legal guardian of the . . . [student] or any adult in loco parentis to the . . . [student] that the signator has either a philosophical or personal objection to the immunization of the . . . [student]. [Statutory Authority: 1990 c 33. 90-17-009, § 180-38-040, filed 8/6/90, effective 9/6/90. Statutory Authority: RCW 28A.31.118. 85-20-040 (Order 20-85), § 180-38-040, filed 9/25/85.]

Notes:

Reviser’s note: The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency and appear herein pursuant to the requirements of RCW 34.08.040.

WAC 180-38-045 Attendance condition upon compliance. It is the public policy of this state, as codified in RCW 28A.210.080, that “[t]he attendance of every . . . [student] in the state . . . shall be conditioned upon the presentation before or on each . . . [student’s] first day of attendance at a particular school . . . , of proof of . . . [.]” (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the state board of health, or (3) a certificate of exemption as provided for in RCW 28A.210.090. [See WAC 180-38-040]”

The statutory scheme requires exclusion from school prior to a termination hearing on the implied basis that such students are an immediate and continuing danger to themselves or others—i.e., the constitutional basis for an emergency expulsion from public schools and the exemption from providing a pretermination due process hearing.

[Statutory Authority: 1990 c 33. 90-17-009, § 180-38-045, filed 8/6/90, effective 9/6/90. Statutory Authority: RCW 28A.31.118. 85-20-040 (Order 20-85), § 180-38-045, filed 9/25/85.]

Notes:

Reviser’s note: The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency and appear herein pursuant to the requirements of RCW 34.08.040.

WAC 180-38-050 Notice prior to exclusions from school. It is the public policy of this state, as codified in RCW 28A.210.120, that “each school . . . shall provide written notice to the parent(s) or legal guardian(s) of each . . . [student] or to the adult(s) in loco parentis to each . . . [student] who is not in compliance with . . . [the public policy stated in WAC 180-38-045],” prior to the exclusion of such student. [Statutory Authority: 1990 c 33. 90-17-009, § 180-38-050, filed 8/6/90, effective 9/6/90. Statutory Authority: RCW 28A.31.118. 85-20-040 (Order 20-85), § 180-38-050, filed 9/25/85.]

Notes:

Reviser’s note: The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency and appear herein pursuant to the requirements of RCW 34.08.040.

WAC 180-38-055 Public schools—Content of written notice. The written notice for public school students shall:

(1) Comply with the emergency expulsion notice requirements of WAC 180-40-300 except that the notice must be received prior to the emergency expulsion of the student.

(2) Advise the appropriate party of the applicable law and provide copies of such laws and implementing rules, including procedural due process rules prescribed by the state board of education for emergency expulsion.

(3) Advise regarding immunization services that are available from or through the local health department and other public agencies.

(4) Order an emergency expulsion of the student from school and state that such order is effective immediately upon receipt of the notice. [Statutory Authority: RCW 28A.31.118. 85-20-040 (Order 20-85), §180-38-055, filed 9/25/85.]

WAC 180-38-060 Private schools—Content of written notice. The written notice for private school students shall:

(1) Advise the appropriate party of the applicable law and provide copies of such law and implementing rules.

(2) Advise regarding immunization services that are available from or through the local health department or other public agencies.

(3) Order the exclusion of the student from school and state that such order is effective upon receipt of the notice. [Statutory Authority: RCW 28A.31.118. 85-20-040 (Order 20-85), §180-38-060, filed 9/25/85.]

WAC 180-38-065 Exclusion of students for failure to comply. The chief administrator of each public or private school shall exclude from such school all students who fail to comply with the public policy stated within WAC 180-38-045: *Provided*, That if the chief administrator did not provide written notice as required in WAC 180-38-050 prior to the student's first day of attendance at such school, the emergency expulsion or exclusion shall be stayed until the notice is received. [Statutory Authority: RCW 28A.31.118. 85-20-040 (Order 20-85), §180-38-065, filed 9/25/85.]

WAC 180-38-070 Supplementing rules of SPI. Chapter 392-183 WAC contains rules of the superintendent of public instruction which supplement this chapter. [Statutory Authority: RCW 28A.31.118. 85-20-040 (Order 20-85), §180-38-070, filed 9/25/85.]

WAC 180-40-300 Emergency expulsion—Notice of hearing—Waiver of hearing right. (1) The student and his or her parent(s) or guardian(s) shall be notified of the emergency expulsion of the student and of their opportunity for a hearing either (a) by hand delivering written notice to the student's parent(s) or guardian(s) within twenty-four hours of the expulsion and documenting delivery by obtaining his or her signature acknowledging receipt or the written certification of the person making the delivery, or (b) by certified letter(s) deposited in the United States mail, within twenty-four hours of the expulsion: *Provided*, That if the emergency expulsion is based upon a failure to comply with the state immunization law (see chapter 180-38 WAC), the notice must be received by the student's parent(s) or guardian(s) prior to the emergency expulsion of the student regardless of the method of delivery. In addition, if the notice is by certified letter, reasonable attempts shall be made to notify the student and his or her parent(s) or guardian(s) by telephone or in person as soon as reasonably possible. Such written and oral notice shall:

(a) Be provided in the predominant language of a student and/or a parent(s) or guardian(s) who predominantly speak a language other than English, to the extent feasible,

(b) Specify the alleged reason(s) for the emergency expulsion,

(c) Set forth the corrective action or punishment taken and proposed,

(d) Set forth the right of the student and/or his or her parent(s) or guardian(s) to a hearing for the purpose of contesting the allegation(s) as soon as reasonably possible, and

(e) Set forth the facts that:

(i) A written (or "oral" if provided for by school district policy) request for a hearing must be received by the school district employee designated, or by his or her office, on or before the expiration of the tenth school business day after receipt of the notice of opportunity for a hearing, and

(ii) If such a request is not received within the prescribed period of time, then the right to a hearing may be deemed to have been waived and the emergency expulsion may be continued as deemed necessary by the school district without any further opportunity for the student or his or her parent(s) or guardian(s) to contest the matter. A schedule of "school business days" potentially applicable to the exercise of such hearing right should be included with the notice.

(2) The student and/or his or her parent(s) or guardian(s) shall reply to the notice of opportunity for a hearing and request a hearing within ten school business days after the date of receipt of the notice. A request for a hearing shall be provided to the school district employee specified in the notice of opportunity for a hearing, or to his or her office. A request for a hearing shall be accepted if in writing and may be accepted orally if expressly provided for and allowed by rule of the school district.

(3) If a request for a hearing is not received within the required ten school business day period, the school

district may deem the student and his or her parent(s) or guardian(s) to have waived the right to a hearing and the emergency expulsion may be continued as deemed necessary by the school district. [Statutory Authority: RCW 28A.04.132, 86-20-055 (Order 13-86), §180-40-300, filed 9/29/86; Order 6-77, § 180-40-300, filed 6/2/77, effective 8/1/77.]

WAC 180-40-305 Emergency expulsion—Prehearing and hearing process. (1) If a request for a hearing within the required ten school business days is received pursuant to WAC 180-40-300, the school district shall immediately schedule and give notice of a hearing to commence as soon as reasonably possible and in no case later than the third school business day after receipt of the request for hearing.

(2) The student and his or her parent(s) or guardian(s) shall have the right to:

(a) Inspect in advance of the hearing any documentary and other physical evidence which the school district intends to introduce at the hearing,

(b) Be represented by legal counsel,

(c) Question and confront witnesses,

(d) Present his or her explanation of the alleged misconduct, and

(e) Make such relevant showings by way of witnesses and the introduction of documentary and other physical evidence as he or she desires.

(3) The designee(s) of the school district assigned to present the district's case shall have the right to inspect in advance of the hearing any documentary and other physical evidence that the student and his or her parent(s) or guardian(s) intend to introduce at the hearing.

(4) The person(s) hearing the case shall not be a witness and the guilt or innocence of the student shall be determined solely on the basis of the evidence presented at the hearing.

(5) Either a tape-recorded or verbatim record of the hearing shall be made.

(6) Within one school business day after the date upon which the hearing concludes, a decision as to whether or not the expulsion shall be continued shall be rendered, and the student's legal counsel or, if none, the student and his or her parent(s) or guardian(s) shall be notified thereof by depositing a certified letter in the United States mail. The decision shall set forth the findings of fact, the conclusions (including a conclusion as to whether or not the emergency situation giving rise to the emergency expulsion continues), and whether or not the emergency expulsion shall be continued or a lesser form of corrective action or punishment is to be imposed.

(7) An emergency expulsion may be continued following the hearing on the basis that the emergency situation continues and/or as corrective action or punishment for the action(s) giving rise to the emergency expulsion in the first instance. [Order 6-77, § 180-40-305, filed 6/2/77, effective 8/1/77.]

WAC 246-100-166 Immunization of child care and school children against certain vaccine-preventable diseases. (1) Definitions for purposes of this section:

(a) "Certificate of immunization status (CIS) form" means a form provided by the department labeled DOH 348-013, including data entry spaces for immunization information including:

(i) Name of child or student,

(ii) Birth date,

(iii) Gender,

(iv) Type of vaccine,

(v) Date of each dose of vaccine received specifying day, month, and year,

(vi) Signature of parent, legal guardian, or adult in loco parentis, and

(vii) Documented exemptions, if applicable and as specified in subsection (5) of this section.

(b) "Chief administrator" means:

(i) The person with the authority and responsibility for the immediate supervision of the operation of a school, child care center, or

(ii) A designee of the chief administrator assigned in writing to carry out the requirements of RCW 28A.210.160 through the statutory or corporate board of directors of the school district or school, or

(iii) Person or persons with the authority and responsibility for the general supervision of the operation of the school district or school.

(c) "Child" means any person regardless of age admitted to any child care center, preschool, kindergarten, or grades one through twelve program of education in:

(i) Any public school district, or

(ii) Any private school or private institution subject to approval by the state board of education or described in RCW 28A.305.130 and 28A.195.010 through 28A.195.060, or

(iii) Any licensed child care facility which regularly provides care for a group of thirteen or more children for

periods of less than twenty-four hours subject to licensure by the department of social and health services as described in chapter 74.15 RCW.

(d) “Full immunization” means vaccinated in accordance with schedules and immunizing agents approved by the state board of health in WAC 246-100-166 against:

- (i) Diphtheria,
- (ii) Tetanus,
- (iii) Pertussis or whooping cough,
- (iv) Measles or rubeola,
- (v) Rubella,
- (vi) Mumps,
- (vii) Poliomyelitis,
- (viii) *Haemophilus influenzae* type b disease, and
- (ix) Hepatitis b, after September 1, 1997.

(e) “Immunizing agents” means any vaccine or other biologic licensed and approved by the United States Food and Drug Administration (FDA), or meeting World Health Organization (WHO) requirements, for immunization of persons against:

- (i) Diphtheria, tetanus, pertussis (DTP, DT, Td);
- (ii) Measles;
- (iii) Mumps;
- (iv) Poliomyelitis, types I, II, and III (TOPV, IPV);
- (v) Rubella;
- (vi) *Haemophilus influenzae* type b vaccine (Hib); and
- (vii) Hepatitis b.

(f) “National immunization guidelines” means the schedule for immunization described in the “Recommended Childhood Immunization Schedule: United States—January 1995,” approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

(g) “Parent” means a person who is:

- (i) The mother, father, legal guardian, or any adult in loco parentis of a child seventeen years of age or younger; or
- (ii) A person eighteen years of age or older; or
- (iii) An emancipated minor.

(h) “Transfer student” means a student previously enrolled in grades kindergarten through twelve moving from one school district or system to another at any time during the school year, excluding students transferring within a district or system when the school transfers records within the district.

(2) Full immunization schedule. Each child care center, preschool, and school shall establish and maintain requirements for full immunization of children attending child care and preschool through grade twelve.

(3) For child care and preschool children, full immunization means a child received age-appropriate vaccines as enumerated in the National Immunization Guidelines as defined in subsection (1) of this section.

(4) For a child entering kindergarten or first grade (school entry level), full immunization means a child received age-appropriate vaccines as enumerated in the National Immunization Guidelines as defined in subsection (1) of this section.

For transfer students and those above kindergarten or first grade, full immunization means a child received age-appropriate vaccines consistent with the National Immunization Guidelines as defined in subsection (1) of this section (not required of persons eighteen years of age and older).

(5) Conditions for child care, preschool, and school attendance when a child is not fully immunized:

(a) When a child lacks full immunization, the child care center, preschool, or school shall require satisfactory progress toward full immunization (conditional status) as a condition of school attendance including:

- (i) Documented proof of start or continuance of child’s schedule of immunization;
- (ii) Assurance the scheduled immunization is consistent with the national immunization guidelines defined in subsection (1) of this section;
- (iii) Notification of child’s parent(s) of when the schedule must be completed; and
- (iv) Exclusion of child from attendance as described in subsection (9) of this section if child has not received required immunizations on schedule and if sufficient time has elapsed (one month from date due) for completion of next dose.

(6) Schools, preschools, and child care centers shall require documented proof related to immunization including:

(a) Completion of a certificate of immunization status (CIS) form by a parent as documented proof of:

- (i) Full immunization, or

- (ii) Initiation or continuation of a schedule (conditional status), or
- (iii) Exemption.
- (b) Information from a written personal immunization record, as the source of the immunization data entered on the CIS form (substitution of a personal immunization record for a CIS form is prohibited);
- (c) Acceptance of only the CIS form (no other state or local immunization forms) from new enrollees registering in kindergarten through grade twelve;
- (d) In addition to current CIS form, acceptance of previous CIS forms, or locally developed forms approved by the department indicating the month and year of each immunization as the official immunization status for children enrolled prior to September 1, 1979.
- (7) Schools, preschools, and child care centers shall accept medical exemptions and:
 - (a) Require a signature of a licensed medical doctor (M.D.), doctor of osteopathy (D.O.), doctor of naturopathy (N.D.), physician assistant, or nurse practitioner practicing within the limits of the medical or nurse practice acts to certify medical reasons to defer one or more immunizations on the CIS form;
 - (b) Admit children and keep on file a CIS form for children with:
 - (i) Temporary exemption from immunization for medical reasons if the required immunizations are received upon expiration of the exemption, or
 - (ii) Permanent exemptions.
 - (c) Include a statement on the CIS form informing the parent that should an outbreak of vaccine preventable disease for which the child is exempted occur, the child may be excluded from school or child care for the duration of the outbreak by order of the local health department as described in subsection (9) of this section; and
 - (d) Keep on file a list of children so exempted and transmit the list to the local health department if requested.
- (8) Schools, preschools, and child care centers shall:
 - (a) Allow a parent to exempt his/her child from the required immunizations for religious, philosophical, or personal objections when the CIS form indicates:
 - (i) Type or exemption, and
 - (ii) Signature of parent.
 - (b) Keep on file a CIS form for each child so enrolled;
 - (c) Include a statement on the CIS form informing the parent that should an outbreak of vaccine preventable disease for which the child is exempted occur, the child may be excluded from school for the duration of the outbreak by order of the local health department as described in subsection (9) of this section; and
 - (d) Keep on file a list of children so exempted and transmit the list to the local health department if requested.
- (9) Schools, preschools, and child care centers shall exclude children from school as follows:
 - (a) Exclude any child from school for failure to provide a completed CIS form as defined in subsection (1) of this section before or on the child's first day of attendance consistent with procedures required by the state board of education, Title 180 WAC;
 - (b) Exclude from attendance any child in a child care center for failure to provide a completed CIS form as defined in subsection (1) of this section before or on the child's first day of attendance;
 - (c) The chief administrator shall retain records on excluded children for at least three years including:
 - (i) Name,
 - (ii) Address, and
 - (iii) Date of exclusion.
 - (d) A health officer may exclude children from school, preschool, and child care attendance in the event of a child's exposure to a disease according to chapter 246-110 WAC, including children presenting proof of:
 - (i) Initiation of a schedule of immunization,
 - (ii) Medical exemption,
 - (iii) Religious exemption,
 - (iv) Philosophical exemption, or
 - (v) Personal exemption.
- (10) Schools, preschools, and child care centers shall maintain records and require:
 - (a) A completed CIS form retained in the files for every child enrolled;
 - (b) Return of original CIS form or a legible copy to the parent in the event of the child's withdrawal or transfer from school (withholding a record for any reason, including nonpayment of school, preschool, or child care fees is prohibited);
 - (c) Access to immunization records by agents of the state or local health department for each child enrolled.
- (11) Persons or organizations administering immunizations, either public or private, shall:
 - (a) Furnish each person immunized, or his or her parent, with a written record of immunization containing information required by the state board of health; and

(b) Provide immunizations and records in accordance with chapter 246-100 WAC.

(12) Chief administrators of schools, preschools, and child care centers shall forward a written annual report to the department and local health department on the immunization status of children as follows:

(a) For schools: By November 1 of each year on forms provided by the department (except in the event of a late school opening when the report is due thirty days after the first day of school);

(b) For preschools and child care centers: By February 1 of each year on forms provided by the department.

[Statutory Authority: RCW 28A.210.140. 96-04-079, § 246-100-166, filed 2/7/96, effective 3/9/96. Statutory Authority: RCW 28A.210.140 and 43.20.050. 91-15-066 (Order 182B), § 246-100-166, filed 7/22/91, effective 8/22/91. [Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-100-166, filed 12/27/90, effective 1/31/91; 88-07-063 (Order 308), § 248-100-166, filed 3/16/88.]

WAC 246-101-101 Notifiable conditions and the health care provider. This section describes the conditions that Washington's health care providers must notify public health authorities of on a state-wide basis. The board finds that the conditions in the table below (Table HC-1) are notifiable for the prevention and control of communicable and noninfectious diseases and conditions in Washington. Principal health care providers shall notify public health authorities of these conditions as individual case reports using procedures described throughout this chapter. Other health care providers in attendance shall notify public health authorities of the following notifiable conditions, unless the condition notification has already been made. Local health officers may require additional conditions to be notifiable within the local health officer's jurisdiction.

WAC 246-101-105, 246-101-110, 246-101-115, and 246-101-120 also include requirements for how notifications shall be made, when they shall be made, the content of these notifications, and how information regarding notifiable conditions cases must be handled and may be disclosed.

Table HC-1 (Conditions Notifiable by Health Care Providers)

Notifiable Condition	Time frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Acquired Immunodeficiency Syndrome (AIDS)	Within 3 work days	✓	
Animal Bites	Immediately	✓	
Asthma, occupational	Monthly		✓
Birth Defects - Autism (Provisional through August, 2004)	Monthly		✓
Birth Defects - Cerebral Palsy (Provisional through August, 2004)	Monthly		✓
Birth Defects - Fetal Alcohol Syndrome/ Fetal Alcohol Effects (Provisional through August, 2004)	Monthly		✓
Botulism (foodborne, infant, and wound)	Immediately	✓	
Brucellosis (<i>Brucella</i> species)	Immediately	✓	
Campylobacteriosis	Within 3 work days	✓	
Chancroid	Within 3 work days	✓	
<i>Chlamydia trachomatis</i> infection	Within 3 work days	✓	
Cholera	Immediately	✓	
Cryptosporidiosis	Within 3 work days	✓	
Cyclosporiasis	Within 3 work days	✓	
Diphtheria	Immediately	✓	
Disease of suspected bioterrorism origin (including Anthrax, Smallpox)	Immediately	✓	
Disease of suspected foodborne origin (communicable disease clusters only)	Immediately	✓	
Disease of suspected waterborne origin (communicable disease clusters only)	Immediately	✓	
Encephalitis, viral	Within 3 work days	✓	
Enterohemorrhagic <i>E. coli</i> (shiga-like toxin producing infections only) such as <i>E. coli</i> O157:H7 Infection	Immediately	✓	
Giardiasis	Within 3 work days	✓	
Gonorrhea	Within 3 work days	✓	
Granuloma inguinale	Within 3 work days	✓	
<i>Haemophilus influenzae</i> (invasive disease, children under age 5)	Immediately	✓	

Hantavirus pulmonary syndrome	Within 3 work days	✓	
Hemolytic uremic syndrome	Immediately	✓	
Hepatitis A (acute infection)	Immediately	✓	
Hepatitis B (acute infection)	Within 3 work days	✓	
Hepatitis B surface antigen + pregnant women	Within 3 work days	✓	
Hepatitis B (chronic) – Initial diagnosis, and previously unreported prevalent cases (Provisional through August, 2004)	Monthly	✓	
Hepatitis C – Acute and chronic (Provisional through August, 2004)	Monthly	✓	
Hepatitis (infectious), unspecified	Within 3 work days	✓	
Herpes simplex, neonatal and genital (initial infection only) (Provisional through August, 2004)	Within 3 work days	✓	
Human immunodeficiency virus (HIV) infection	Within 3 work days	✓	
Legionellosis	Within 3 work days	✓	
Leptospirosis	Within 3 work days	✓	
Listeriosis	Immediately	✓	
Lyme Disease	Within 3 work days	✓	
Lymphogranuloma venereum	Within 3 work days	✓	
Malaria	Within 3 work days	✓	
Measles (rubeola)	Immediately	✓	
Meningococcal disease	Immediately	✓	
Mumps	Within 3 work days	✓	
Paralytic shellfish poisoning	Immediately	✓	
Pertussis	Immediately	✓	
Pesticide poisoning (hospitalized, fatal, or cluster)	Immediately		✓
Pesticide poisoning (all other)	Within 3 work days		✓
Plague	Immediately	✓	
Poliomyelitis	Immediately	✓	
Psittacosis	Within 3 work days	✓	
Q Fever	Within 3 work days	✓	
Rabies (Confirmed human or animal)	Immediately	✓	
Rabies (Including use of post-exposure prophylaxis)	Within 3 work days	✓	
Relapsing fever (borreliosis)	Immediately	✓	
Rubella (including congenital rubella syndrome)	Immediately	✓	
Salmonellosis	Immediately	✓	
Serious adverse reactions to immunizations	Within 3 work days	✓	
Shigellosis	Immediately	✓	
Streptococcus, Group A, Invasive (Indicated by blood, spinal fluid or other normally sterile site) (Provisional through August, 2004)	Within 3 work days	✓	
Syphilis	Within 3 work days	✓	
Tetanus	Within 3 work days	✓	
Trichinosis	Within 3 work days	✓	
Tuberculosis	Immediately	✓	
Tularemia	Within 3 work days	✓	
Typhus	Immediately	✓	
Vibriosis	Within 3 work days	✓	
Yellow fever	Immediately	✓	
Yersiniosis	Within 3 work days	✓	
Other rare diseases of public health significance	Immediately	✓	
Unexplained critical illness or death	Immediately	✓	

[Statutory Authority: RCW 43.20.050, 70.24.125 and 70.28.010. 00-23-120, § 246-101-101, filed 11/22/00, effective 12/23/00.]

WAC 246-101-415 Responsibilities of child day care facilities. Child day care facilities shall:

- (1) Notify the local health department of cases or suspected cases, or outbreaks and suspected outbreaks of notifiable conditions that may be associated with the child day care facility.
- (2) Consult with a health care provider or the local health department for information about the control and prevention of infectious or communicable disease, as necessary.
- (3) Cooperate with public health authorities in the investigation of cases and suspected cases, or outbreaks and suspected outbreaks of disease that may be associated with the child day care facility.
- (4) Child day care facilities shall establish and implement policies and procedures to maintain confidentiality related to medical information in their possession.

[Statutory Authority: RCW 43.20.050. 00-23-120, § 246-101-415, filed 11/22/00, effective 12/23/00.]

WAC 246-101-420 Responsibilities of schools. Schools shall:

- (1) Notify the local health department of cases or suspected cases, or outbreaks and suspected outbreaks of disease that may be associated with the school.
- (2) Cooperate with the local health department in monitoring influenza.
- (3) Consult with a health care provider or the local health department for information about the control and prevention of infectious or communicable disease, as necessary.
- (4) Cooperate with public health authorities in the investigation of cases and suspected cases, or outbreaks and suspected outbreaks of disease that may be associated with the school.
- (5) Personnel in schools who know of a person with a notifiable condition shall release identifying information only to other individuals responsible for protecting the health and well-being of the public through control of disease.
- (6) Schools shall establish and implement policies and procedures to maintain confidentiality related to medical information in their possession.

[Statutory Authority: RCW 43.20.050. 00-23-120, § 246-101-420, filed 11/22/00, effective 12/23/00.]

WAC 392-182-005 Authority. The authority for this chapter is RCW 28A.210.150 which requires the superintendent of public instruction to “provide procedures for schools to quickly verify the immunization of records of students transferring from one school to another before the immunization records are received.” [Statutory Authority: 1990 c 33. 90-16-002 (Order 18), § 392-182-005, filed 7/19/90, effective 8/19/90. Statutory Authority: RCW 28A.31.117. 86-15-050 (Order 86-8), § 392-182-005, filed 7/18/86. Statutory Authority: 1985 c 50 § 5. 85-21-077 (Order 85-10), §392-182-005, filed 10/21/85.]

WAC 392-182-010 Purpose. The purpose of this chapter is to implement RCW 28A.210.150 and provide for quick verification of immunization records of students transferring from one school to another before the immunization records are received. [Statutory Authority: 1990 c 33. 90-16-002 (Order 18), § 392-182-010, filed 7/19/90, effective 8/19/90. Statutory Authority: RCW 28A.31.117. 86-15-050 (Order 86-8), § 392-182-010, filed 7/18/86. Statutory Authority: 1985 c 50 § 5. 85-21-077 (Order 85-10), §392-182-010, filed 10/21/85.]

WAC 392-182-015 Supplement to chapter 180-38 WAC. This chapter is intended to supplement rules of the state board of education in chapter 180-38 WAC. Definitions within chapter 180-38 WAC are incorporated herein by reference. [Statutory Authority: 1985 c 50 § 5. 85-21-077 (Order 85-10), §392-182-015, filed 10/21/85.]

WAC 392-182-020 Quick verification of immunization records. In the event the records of a student transferring from one school to another have not been received before or on the student’s first day of attendance at the new school, the chief administrator of the new school shall attempt to verify the immunization status of the student prior to excluding such student pursuant to the provision of chapter 180-38 WAC. Such verification of full immunization, commencement of a schedule of immunization, or a statement of exemption may rely upon telephonic or electronic communication with the chief administrator or other appropriate official at the previous school that indicates which of the specifically required vaccines the student has received and the month and year in which they were administered. [Statutory Authority: 1985 c 50 § 5. 85-21-077 (Order 85-10), §392-182-020, filed 10/21/85.]

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